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(Re	equestor's Name)	
(Ad	ldress)	
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	- 101-t- (72'- 10)-	,
(Cr	ty/State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	es of Status
	_	
Special Instructions to	Filing Officer:	
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		<i>p</i> :

Office Use Only

B. KOHA

JUN 11 2012

EXAMINER



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06/07/12--01022--012 **25.00



COVER LETTER

TO:	Registration So Division of Cor			
SUBJI	ECT:	Anthony's Piz	za Enterprises, LLC	
		Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	,
Please	return all correspo	ondence concerning this matter	to the following:	
			Carol Campbell	The Ulk Jan St.
			Name of Person	ン
Rail		Raile	ey, Harding & Allen, P.A.	7
			Firm/Company	 وي دي
			15 N. Eola Drive	
			Address	
		0	rlando, Florida 32801	
			City/State and Zip Code	
	•	Car	ol@raileyharding.com	
For fur	ther information o	concerning this matter, please c	•	ation)
10, 14,		consorting this matter, preuse e		
		ndra Valencia	at (370-3002
	Name o	of Person	Area Code & Daytime	Telephone Number
Enclos	ed is a check for t	he following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section			STREET/COURII Registration Section	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Antho	ony's Pizza Enterprises, l	_LC	
(<u>Name of the Limited</u> (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.	*
· ·			Ly Silver
The Articles of Organization for this Limited Li	iability Company were filed on	03/11/2011	and assigned 🕍
Florida document numberL11000030	0060		and assigned
This amendment is submitted to amend the following	owing:		~/
A. If amending name, enter the new name of	f the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end win "L.L.C."	th the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
	-		
D. If amounting the projectional agent and	ar maistanal affice adduces an		ha wawa af tha waw
B. If amending the registered agent and/ registered agent and/or the new registered of		our records, enter t	ne name of the new
Name of New Registered Agent:	Sandra Valencia		
New Registered Office Address:	4626 S. Kirkman Rd.		
	E	nter Florida street ada	ress
	Orlando	, Florida	32811
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

'If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title Name **Address** MGRM Tom A. Marku 4630 S. Kirkman Rd., #341 Orlando, FL 32811 🔽 Kemove Sandra Valencia MGRM 4626 S. Kirkman Rd. ✓ Add Remove Orlando Florida 32811 ☐ Add ☐ Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 5 Dated

Page 2 of 2

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Sandra Valencia

Typed or printed name of signee