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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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(Business Entity Name)					
(Business Entry Name)					
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AUG 3 0 2011

EXAMINER

COVER LETTER

RETURN ADDRESS:

1918 SILVERBELL TERRACE WESTON, FL, 33327 954-557-3147 CEII 954-389-7081 HOME

THANKS

RICHAMO LA VALLIERE Mussille

COVER LETTER

TO;	Registration Se Division of Cor			
SUBJI	ECT:	Pizzag	ganics_2 LLC	
20.00			ited Liability Company	
The en	aclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo-	ndence concerning this matter	to the following:	
			Richard La Valliere	
			Name of Person	
			Pizzaganics 2 LLC	
			Firm/Company	
			1013 N Federal HWY	
			Address	
		Ft	Lauderdale, FL, 33304	
			City/State and Zip Code	
		k.a	dam@pizzafusion.com to be used for future annual report notifice	tion)
For fur	ther information co	oncerning this matter, please c	·	mony
		rd La Valliere	at (57-3147
Name of Person		Person	Area Code & Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
₹ 25	0.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		NG ADDRESS:	STREET/COURIED Registration Section	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limit	Pizzaganics 2 LLC ed Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.	<u></u>		
The Articles of Organization for this Limited Florida document numberL110000		03/23/2011	and assigned		
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liability company he	ere:			
The new name must be distinguishable and end v	vith the words "Limited Liability Comp	pany," the designation "I	LC" or the abbreviation		
Enter new principal offices address, if appl	icable:				
Principal office address MUST BE A STRE	ET ADDRESS)		To d		
		5			
		j Ç			
Enter new mailing address, if applicable:		, () () () () () () () () () () () () ()			
Mailing address MAY BE A POST OFFICE	<u> </u>				
B. If amending the registered agent and			he name of the ne		
egistered agent and/or the new registered	office address here:				
Name of New Registered Agent:	William Adam				
New Registered Office Address:	3311 NW 97th Ave				
	Enter Florida street address				
	Sunrise	, Florida	33351 Zip Code		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Richard La Valliere	1918 Silverbell Terrace Weston, Florida, 33327	Add _ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.)	_
			_
			-
Dated	08/26/2011	M. J. Ol.	
	Signature of a dee	Richard La Valliere yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00