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TIL JUN-6 PM 2: 1.
SECRETARY OF STATE
TALLAHASSEF, FI OBJECT

COVER LETTER

TO: Registration of Division of	on Section f Corporations		
SUBJECT:	Pappy	's Subs, LLC	
		ted Liability Company	<u>.</u>
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all con	respondence concerning this matter	to the following:	
		Mazen Ayyoub	
		Name of Person	
	•	N/A	
		Firm/Company	
	15	954 Fishhawk View Dr.	•
		Address	,
		Lithia, FL 33547	•
		City/State and Zip Code	
•	E-mail address: (o be used for future annual report notific	cation)
For further informat	tion concerning this matter, please c	all:	
	Mazen Ayyoub	ut \	344-2947
N	ame of Person	Area Code & Daytime	: Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	ce \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
:			(additional copy is enclosed)
	IAILING ADDRESS: egistration Section	STREET/COURI Registration Section	

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

5.

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Pappy's Su	ubs, LLC			
(<u>Name of the Limited</u> (A	Liability Compan Florida Limited Li	y as it now appea ability Company)	rs on our records.)		
The Articles of Organization for this Limited L. Florida document numberL11000086		were filed on	July 28, 2011	and assigne	ed
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liabi	lity company he	<u>re</u> :		
	Opa Cafe	, LLC			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limit	ed Liability Comp	any," the designation "L	LC" or the abbro	eviation
Enter new principal offices address, if applic	able:	N/A			
(Principal office address MUST BE A STREE	TADDRESS)		- de aveca e a a a a a a a a a a a a a a a a a		
•					
Enter new mailing address, if applicable:		N/A			<u>. </u>
(Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and/registered agent and/or the new registered o			our records, enter the	he name of tl	he new
registered agent and/or the new registered o	mee addi ess nere	~		12 SE TAL	
Name of New Registered Agent:	Mazen Ayyo	oub		LAR S	-17"
New Registered Office Address:	15954 Fishh	awk View Dr.		ASSE ASSE	OPERSON
		E	nter Florida street addi	resign 🔀	
		Lithia	, Florida	<u></u>	
		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

Page 1 of 2

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>	Name	Address	Type of Action
MGRM	Randy Raymond	3809 S. Nine Dr. Valrico, FL 33596	Add Remove
MGRM	Mazen Ayyoub	15954 Fishhawk View Dr. Lithia, FL 33547	✓ Add ☐ Remove
MGRM	Naielah Ayyoub	15954 Fishhawk View Dr. Lithia, FL 33547	
			Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
D. If an	nending any other information, ento	er change(s) here: (Attach additional sheets, if necessary).)
	This Limited Liability Compan	y shall have two (2) member certificates, with e	each
÷	certificate having an equal va	lue. Mazen Ayyoub and Naielah Ayyoub shall	
	each own one (1) certificate.		
D . 1	June 1	2012 Abel	
Dated	June 1	, 2012	
		a member or authorized representative of a member	
	$\underline{\hspace{1cm}}$	Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00