

L 11 0000 94812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

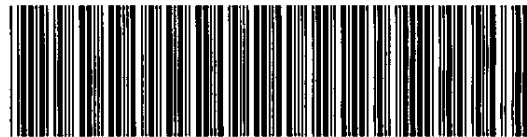
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10/19/12--01008--004 \*\*35.00

FILED  
12 NOV 14 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2012

CRYSTAL LYNN THORNBURG  
523 CAMPUS ST  
CELEBRATION, FL 34747

SUBJECT: MOBILE PIZZA EXPRESS, LLC  
Ref. Number: L11000094812

We have received your document for MOBILE PIZZA EXPRESS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sean Toner  
Senior Section Administrator

Letter Number: 812A00025917

Note:

No check was enclosed since you have already cashed an other check and this filing was for \$30 and we already paid \$35 from previous check.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **MOBILE PIZZA EXPRESS, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**CRYSTAL LYNN THRONBURG**

Name of Person

Firm/Company

**523 CAMPUS STREET**

Address

**CELEBRATION, FL 34747**

City/State and Zip Code

**SUNBIZ@BRICKANDFIREPIZZA.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**CRYSTAL LYNN THORNBURG**

Name of Person

**407 494-5094**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)

*Please see page for explanation*

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**MOBILE PIZZA EXPRESS, LLC**

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

**FILED**  
**12 NOV 14 AM 9:02**

SECRETARY OF STATE  
TREASURER, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/17/2011 and assigned  
Florida document number L11000094812.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**BRICK AND FIRE PIZZA, LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

**CLAREMONT KISSIMMEE HOTEL**

**6051 W IRLO BRONSON MEMORIAL HWY**

**KISSIMMEE, FL 34747**

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**BRICK AND FIRE PIZZA, LLC**

**523 CAMPUS STREET**

**CELEBRATION, FL 34747**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

**CRYSTAL LYNN THRONBURG**

New Registered Office Address:

**523 CAMPUS STREET**

*Enter Florida street address*

**CELEBRATION**

**, Florida 34747**

*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.*

*Crystal Thronburg*  
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

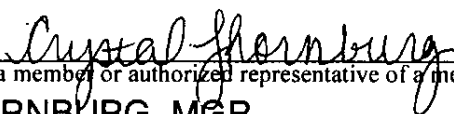
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LEGAL SUPPORT SERVICES (LS2) LLC	1110B LUTYENS LANE	<input type="checkbox"/> Add
		CELEBRATION, FL 34747 US	<input checked="" type="checkbox"/> Remove
MGR	CRYSTAL LYNN THORNBURG	523 CAMPUS STREET	<input checked="" type="checkbox"/> Add
		CELEBRATION, FL 34747 US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated 11/07, 2012.



Signature of a member or authorized representative of a member

CRYSTAL LYNN THORNBURG, MGR

Typed or printed name of signee

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Filing Fee: \$25.00