

L12 000011222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

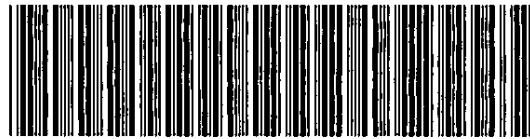
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2013 JUL -2 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Cullen JUL 2 - 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 14, 2013

JAMES CASTELLO  
401 W. ATLANTIC AVENUE #R11  
DELRAY BEACH, FL 33444

SUBJECT: MAMMAS PIZZA COMPANY LLC  
Ref. Number: L12000011222

We have received your document for MAMMAS PIZZA COMPANY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one person can serv as the Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan  
Regulatory Specialist II

Letter Number: 913A00014956

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAMMA'S PIZZA COMPANY  
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:

James Castello

Name of Person

Mamma's Pizza Co.

Firm/Company

401 W. Atlantic Ave #R11

Address

Delray Beach, FL 33444

City/State and Zip Code

kishacastello@yahoo.com

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

For further information concerning this matter, please call:

James Castello

Name of Person

at (772) 380. 3496

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)

**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

FILED

2013 JUL -2 AM 8:43

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

Mamma's Pizza Company LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/28/2012 and assigned  
Florida document number L12000011222.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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: James Castello

New Registered Office Address: 401 W. Atlantic Ave #R11  
*Enter Florida street address*

Delray Beach, Florida 33444  
*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.*

*[Signature]*  
**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>                      |
|--------------|--------------------|------------------------|--|
| MGRM         | Fabian Radoslovich | 401 W. Atlantic Ave    | <input type="checkbox"/> Add               |
|              |                    | # R11                  | <input checked="" type="checkbox"/> Remove |
|              |                    | Delray Beach, FL       |  |
| mgrm         | James Castello     | 33444                  | <input checked="" type="checkbox"/> Add    |
|              |                    | 401 W. Atlantic Ave    | <input type="checkbox"/> Remove            |
|              |                    | # R11 Delray Bch 33444 |  |
| mgrm         | Kisha Castello     | 401 W. Atlantic Ave    | <input checked="" type="checkbox"/> Add    |
|              |                    | # R11                  | <input type="checkbox"/> Remove            |
|              |                    | Delray Beach, FL 33444 |  |
|              |                    |                        | <input type="checkbox"/> Add               |
|              |                    |                        | <input type="checkbox"/> Remove            |
|              |                    |                        | <input type="checkbox"/> Add               |
|              |                    |                        | <input type="checkbox"/> Remove            |
|              |                    |                        | <input type="checkbox"/> Add               |
|              |                    |                        | <input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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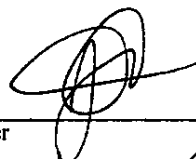
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Dated \_\_\_\_\_, \_\_\_\_\_.

  
Signature of a member or authorized representative of a member

Kisha Castello  
Typed or printed name of signee



James Castello

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Filing Fee: \$25.00

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