

42000030665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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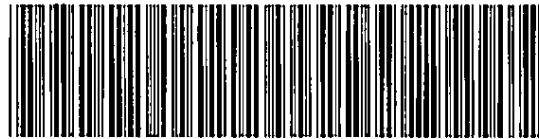
(Business Entity Name)

(Document Number)

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FEB 16 2019

ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MUNCHEEZ PIZZA AND SUBS, 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:

DONNA ROUZEAU

Name of Person

MUNCHEEZ PIZZA AND SUBS, LLC

Firm/Company

9424 NW 45 PLACE

Address

SUNRISE, FL 33351

City/State and Zip Code

DONNAROUZEAU@GMAIL.COM

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

For further information concerning this matter, please call:

DONNA ROUZEAU

954 288-8329
at ()

Name of Person

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**

MUNCHEEZ PIZZA AND SUBS, 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 03/02/2012 and assigned
Florida document number L12000030665.

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 contain 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:

CLIFFORD ROUZEAU

New Registered Office Address:

9424 NW 45 PLACE

Enter Florida street address

SUNRISE

City

Florida 33351

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LUIGI MARRA	9424 NW 45 PLACE	<input type="checkbox"/> Add
		SUNRISE, FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GILBERT BAILLY	9424 NW 45 PLACE	<input type="checkbox"/> Add
		SUNRISE, FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PATRICK G. BAILLY	9424 NW 45 PLACE	<input type="checkbox"/> Add
		SUNRISE, FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JEAN PIERRE GUILLIOD	9424 NW 45 PLACE	<input type="checkbox"/> Add
		SUNRISE, FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEON RONSARD SAINT CYR	9424 NW 45 PLACE	<input type="checkbox"/> Add
		SUNRISE, FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	LEON RONSARD SAINT CYR		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee