L12000108336

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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

D. BRUCE

SEP 0 6 2012

EXAMINER

COVER LETTER

		·			
TO: Registration Section		•			
Division of Corpo	Name of Limit	Pizza, XXC ted Liability Company	<u>.</u>		
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	Alexi	Hulzenga Name of Person	<u>L</u>		
		Firm/Company			
	2140 N		rl.		
	Densen B	Address Address Octoby, F. 34 City/State and Zip Code YOXY & Jahoon o be used for future annual report notification	1957 Com	12 SEP SECRE TALLAH) :>
	4		on)	TAR AASS	PPR FIL
For further information cond				변수. 급	
ALUM M Name of Pe	ulzenga	at (112) 261-10 Area Code & Daytime Te	1036 Elephone Number	110: 29 STATE FLURIDA	
Enclosed is a check for the f	ollowing 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 Sta Certified Copy (additional copy	atus &	

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**

NA	NA JOSIE'S PIZZA LLO			
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	ars on our records.)	'' ''	
The Articles of Organization for this Limited Li	· · · · · · · · · · · · · · · · · · ·	08/22/12	and assigned	
Florida document number L12000108	336			
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liability company he	ere:		
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Comp	pany," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applica	ible:			
(Principal office address MUST BE A STREE	T ADDRESS)	<u></u>	7A.E.	
			SR SR	
			ASSET TO THE TERMS	
Enter new mailing address, if applicable:			SERVICE SERVIC	
(Mailing address MAY BE A POST OFFICE I	BOX)			
•				
			9 9	
B. If amending the registered agent and/o	r registered office address on	our records, <u>enter t</u>	he name of the new	
registered agent and/or the new registered of	ice address nere:			
Name of New Registered Agent:		·		
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing R	egistered 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

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

MCKM = F	vianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Ms. MAR	Barbara C. Lucun Lucera	Address 2395 NE Arch St. Jensen Beach. 72 34957	Add Remove
		3440 //	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	FILED 12 SEP -5 AM 10: 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Dated			
	Signature of a member A/Ex C	or authorized representative of a member S HULZENGA or printed name of signee	
	Typed o	or printed name of signee 💚	

Page 2 of 2

Filing Fee: \$25.00