# 12000147167

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
JAN 2 3 2013
L. SELLERS

Office Use Only



800243692848

01/18/13--01008--024 \*\*25.00

FILED

BENEVIARI SE SIATE

## **COVER LETTER**

TO:		of Corp	porations	•	t de	
SUBJE	CT.	P;	etros	Ital	ian Kitchen L	LC
301313	<u> </u>		1	Name of Limi	ted Liability Company	
The end	losed Arti	cles of A	Amendment and	fee(s) are sub	omitted for filing.	
Please 1	eturn all c	orrespo	ndence concerni	ng this matter	to the following:	
				Mora	Name of Person	
				Morga	n Orsini CPA Firm/Company	
				)		
				3/	Essex Road Address	<u> </u>
			· · · · · · · · · · · · · · · · · · ·	Grent	City/State and Zip Code	
					•	
		£27.81.4.3	E-	mail address: (	to be used for future annual sport notif	ication)
For furt			oncerning this m	atter, please c	call:	
	Mor	ga n	Orsin	i	at ( <u>9/7</u> 239; Area Code & Daytim	3836
	(	Name of	Person		Area Code & Daytim	e Telephone Number
Enclose	ed is a chec	k for th	e following amo	unt:		
\$25	.00 Filing I	Fee	□\$30.00 Filii Certificat	ng Fee & ee 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

The first of the second

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

_ Pietros Italian	Kitchen LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)
( · · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited Liability Company	were filed on Nov. 26, 2012 and assigned
Florida document number <u>L12000147627</u> .	,
	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
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)	
THE STATE OF THE PORT	
B. If amending the registered agent and/or registered of	fice 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:	7 9 3
New Registered Office Address:	
	Enter Florida street address
	Plentile 77 79 17
	City , Florida
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 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

Title	<u>Name</u>	Address	Type of Action
MGR	Jacqueline Turco	573 So. Atlantic Ave.	Add
	·	Cocoa Beach, FL 32921	Remove
M6-R	Paul Turco	573 So. ATLantic Ave.	
		Cocoa Beach FL 32921	Remove
			Remove
			Add
			Remove
			_
			Add
			_
			Add
			Kemove

amending any other in	nformation, enter change(s) here: (Attach additional sheets, if necessary.
	. 1-
January	15-12, 2013.
<del></del>	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Morgan Orsini  Typed or printed name of signed

Page 3 of 3

Filing Fee: \$25.00