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SECRE VARY OF STATE
ALLAHA SSEE, FLORIDA

B. BOSTICK

JUL = 1 2013

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	Jason	Reiz Name of Person		
	Lennis	PITZZVS Firm/Company		
	544 m	Thur God Frey 7	<u>''</u>	26
	Mirani Be	Ench Fl 331 City/State and Zip Code	40 LLAHAS	2013 JUN 28
	E-mail address: (to	o be used for future annual report notification		8 8
For further information	concerning this matter, please ca	all:	,	10:5
Janan Name	Reiz of Person	at (301) 788- 49 Area Code & Daytime Te	835 dephone Number	. of
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 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

LA PIZZA	lic
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number L1300004674	SEC TO SECULATION OF THE PROPERTY OF THE PROPE
This amendment is submitted to amend the following:	28 SSE
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 "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbfeviation
Enter new principal offices address, if applicable:	Jason Reiz
(Principal office address MUST BE A STREET ADDRESS)	Syn Athur God Rey Rd
	MIRMI BOND FI 33140
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Lennys 18722A SUM ANTHUN GOLANEY 72 MIAMI BENCL FI 33140
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent: JAOUN	Soft Reiz
New Registered Office Address:	Arthur Godfrey Rd
L .	Enter Florida street address
MAMI	City Florida 33140 Ziv Code
New Registered Agent's Signature, if changing Registered Agent:	Elp Coue

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, P.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 Chauging Registered Agent, Digardure of New Registered Agent

Page 1 of 3

MGR = Manager

. 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:

MGRM = Managing Member Title . Name Address Type of Action Arthur Godfry Rd WAdd MERM JADON S. Reiz Poench Fl 33/40 Remove RON Shamal JAN Mellina Dr Coconut Greek Fl הרסיצב ב LIOR SHARADANI 16473 NE 33 AVE North MAM. Bench Pl Remove 091855 ኒን PRemove Remove

. If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Signature of a member or authorized representative of a member
	Too S Roz
	Typed of printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 JUN 28 AM 10: 56



June 25, 2013

JASON REIZ LENNY'S PIZZA 544 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140

SUBJECT: LIA PIZZA LLC Ref. Number: L13000004678

We have received your document for LIA PIZZA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 013A00015881

2013 JUN 28 AM 10: 56

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