

L130000 33444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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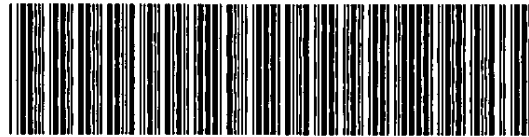
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
13 MAY -3 PM 1:46

MAY - 6 2013

T. HAMPTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **KOW Pizza, 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:

Graham Ballard

Name of Person

KOW Pizza, LLC

Firm/Company

6039 Cypress Gardens Blvd #507

Address

Winter Haven, FL 33884

City/State and Zip Code

grahamb321@gmail.com

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

For further information concerning this matter, please call:

Graham Ballard

Name of Person

at (**843**) **298-2857**

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**

KOW Pizza, 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 3/5/2013 and assigned
Florida document number L13000033444.

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)

6039 Cypress Gardens Blvd #507

Winter Haven, FL 33823

**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: REGISTERED AGENTS INC, Com

New Registered Office Address: 3030 N. Rocky Point Dr. STE 150A

Enter Florida street address

Tampa, Florida 33607

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.*


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

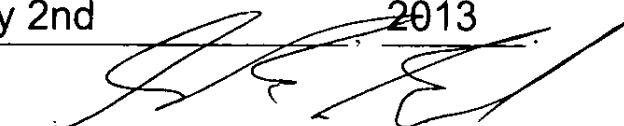
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ron Lawrence	1109 Isabella St	<input type="checkbox"/> Add
		Suplphur, LA 70663	<input checked="" type="checkbox"/> Remove
MGRM	Chip Burr	30533 Cypress Glen Dr	<input checked="" type="checkbox"/> Add
		Denham Springs, LA	<input type="checkbox"/> Remove
		70726	
			<input type="checkbox"/> Add
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 Remove

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

Dated May 2nd 2013



Signature of a member or authorized representative of a member

Graham Ballard

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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