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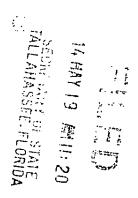
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J. Stavers MAY 2 7 2014

## **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT: Peddlers Pizza
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:
Andrew Allen
Peddlers 30a
Firm/Company  Do 12 - 101110-7
Address J
Koseman, Beach, FL 32413
and you let Selvan and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrew Allen at (1078), 491-4844
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Status Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS:  Registration Section  Division of Corporations  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heddlers Pizz	za	
( <u>Name of the Limited Liability Compa</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 1300035020	were filed on 3/7/13	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi  Peddlers Dogs Ava So  The new name must be distinguishable and the with the words "Limited Liabi	oballs in	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Same	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ter the name of the new
Name of New Registered Agent: Same		
New Registered Office Address:		\$ 100 mm
	Enter Florida street address	
New Registered Agent's Signature, if changing Registered Agent:	, Florida	Zip Carde C. T. ORIDA

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			□ Remove
			□ Add
			Remove
	·	<del></del>	<del></del>
			Remove
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			□ Remove

		<u>.</u>
(The effective date must be spec	han the date of filing:  (op  ific, cannot be prior to date of receipt or filed date and cannot be more than 90 day by the Florida Department of Slate)	otional) ys after
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the date this document is filed	rific, cannot be prior to date of receipt or filed date and cannot be more than 90 day	otional) ys after

Page 3 of 3

Filing Fee: \$25.00

