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COVER LETTER

Registration Section Division of Corporations

RENZO'S NORTH TAMPA, 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:

LON MANLEY

Name of Person

RIOS, SMIDHUM & MANLEY, PA

Firm/Company

3421 W CYPRESS ST

Address

TAMPA, FL. 33607

City/State and Zip Code

JOSE@RENZOSGOURMET.COM

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

For further information concerning this matter, please call:

LON MANLEY

at (813) 879-1040

Area Code & Daytime Telephone Number

Name of Person

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

RENZO'S NORTH TAMPA, 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	ty Company were filed on OCTOB	ER 24, 2013 and assigned
Florida document number L13000150401		
	·	ALL:
This amendment is submitted to amend the following	g:	2013 NOV 22 SECRETARY TALLAHASS
A. If amending name, enter the new name of the	limited liability company here:	m", [:]
-		TO P
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," th	e designation "LLC or the appreviation"
Enter new principal offices address, if applicable:		,
(Principal office address MUST BE A STREET AD	ODRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	2	
B. If amending the registered agent and/or re		cords, enter the name of the new
registered agent and/or the new registered office a	address here:	
Name of China David and Line		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida street address
		, Florida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	RENZO F MENZEROTOLO SR.	3644 W KENNEDY BLVD	Add
		TAMPA, FL. 33609	Remove
MGR	JOSE M MENZEROTOLO SR	3644 W KENNEDY BLVD	Add
		TAMPA, FL. 33609	Remove
MGRM	JOSE M MENZEROTOLO SR	3644 W KENNEDY BLV	Add Add
		TAMPA, FL. 33609	Remove
			Add
			Remove
		SECRETARY ASS	7013 ED 22
		FI OP	
			Add

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d	NOVEMBER 2011, 2013.
	® M
	Signature of a member or authorized representative of a member
	JOSE M MÉNZEROTOLO SR Typed or printed name of signee
	Page 3 of 3

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA