## L140000 79867

(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:

Office Use Only



800258383378

04/03/14--01012--031 \*\*25.00



J. Shivers APR 0 7 2015

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT, DAYD	REAM PIZZA	LLC	
SUBJECT:		ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Keith E. Sha	nks	
		Name of Person	
,	DAYDREAM	I PIZZA LLC	<b>.</b>
		Firm/Company	
	1810 Briarcli	ff Rd.	
		Address	1
	Winter Park,	FL 32792	
		City/State and Zip Code	
	daydreampizza@	gmail.com  o be used for future annual report notifi	ontion)
For further information cor	ncerning this matter, please cal	·	cationy
Keith E. Sha		at (407) 921-73	337
Name of F	'erson	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

DAYDREAM PIZZA LLC			
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	, , , , , , , , , , , , , , , , , , ,	
The Articles of Organization for this Limited Liabin Florida document number L14000039863	ility Company were filed on 03/10/2014	and assi	gned
This amendment is submitted to amend the followi	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" or the	e abbreviation "L	.L.C."
Enter new principal offices address, if applicabl			<del></del>
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	·	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ente	the name (	of the new
registered agent and/or the new registered office	e address here.	14 A SECH	- Hand
Name of New Registered Agent:		APR-	1 1
New Registered Office Address:		GEN G	
	Enter Florida street address	FE S	m
-	, Florida _	S FA	
	City	∵ Mip 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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Keith E. Shanks	1810 Briarcliff Rd	🗆 Add
		Winter Park, FL 32792	■ Remove
AMBR	Keith E. Shanks	1810 Briarcliff Rd	■ Add
		Winter Park, FL 32792	Remove
			_
			Add
			□ Remove
		- Co	Add  SECWITARY
			TOF SI Add C
			Add Remove

effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)  ed 3 74.		
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)  ed 3/24		
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)  ded 3 24		
ted 3/24 ted		
	fective	e date, if other than the date of filing: (optional)
	<b>Tective</b> e effect: e date the	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	e date ti	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	he date tl	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	Effective The effects the date the	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

14 APR -3 M 9: 23
SECHETARY OF STATE
TALLAHASSEE, FLORIDA