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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor	ection Porations			
FROST & SUBJECT:	DAUGHTERS LLC			
	Name of Li	imited Liability Company		
The enclosed Articles of	Amendment and fec(s) are st	ibmitted for filing.		
	ndence concerning this matte			
	OLIVER J FROST			
		Name of Person		
		Firm/Company		
	218 NW 17TH ST	_		
	DELRAY BFACH FL 33	Address		
		City/State and Zip Code		سب نيست
	E-mail address:	(to be used for future annual report not	ification)	
for further information col OLIVER FROST	neerning this matter, please c	all:		1 [1-2]
Name of I	Person	at (<u>561</u>) <u>789</u> — Daytim	6889	
		Area Code Daytim	e 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 Filin Certificate of Certified Contact (additional contact)	of Status &
Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ec, FL 32314	STREET/COURTI Registration Section Division of Corpora Cliffon Building 2661 Executive Cer Tallahassee, FL 323	n ntions nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FROST & DAUGHTERS LLC		
(Name of the Limited Liability (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	Company were filed on 03/10/2014 and assi	gned
Florida document number L14000040097	<u>_</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
PIZZA PARADISE, LLC		
The new name must be distinguishable and contain the words "Limit	nited 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 ADDRE	RESS)	
		_
Enter new mailing address, if applicable:	:7	
		 _
(Mailing address MAY BE A POST OFFICE BOX)	- 1	
n	<i>u</i>	
B. If amending the registered agent and/or registered agent and/or the percentage of the second agent and/or registered agent	tered office address on our records, enter the name of	f the new
registered agent and/or the new registered office addre	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	1924.	
	, Florida	

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

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u> Title</u>	Name	Address	Type of Action
			Remove
			Change
			Remove
			Change
			
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ective date, if other than the effective date is listed, the date must te: If the date inserted in this blument's effective date on the D	t be specific and ca ock does not mee	nnot be prior to dat		(optional) (90 days after filing.) Fements, this date with	
record specifies a delayed he 90th day after the rec	l effective dat ord is filed.	e, but not an	effective time, a	: 12:01 a.m. or	n the earlier
ed October 30	· · · · · · ·	2017_			
x cm	Signature of a men	her or authorized	representative of a men	hus	

Page 3 of 3

Filing Fee: \$25.00