Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PIA'S KITCHEN, LLC.

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T. Burch APR 1 1 2014



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIA'S KITCHEN, LLC.		
(Name of the Limited Ligh (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L14000056963	uticles of Organization for this Limited Liability Company were filed on 04/07/2014 and assigned a document number L14000056963	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the words "	Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		≥05 <u>~</u>
(Principal office address MUST BE A STREET ADI	DRESS)	Cartagating Contracting Contra
•		HE 2
		SSE G
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		RA 3
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	71-7-1
	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 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

MGR = Manager

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:

AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action 250 SUNNY ISLES BLVD **AMBR FULVIO PASSARIELLO** APT: 1703 _□ Remove SUNNY ISLES BEACH, FL 33160 □ Add □ Remove _ 🗆 Add _□ Remove _□ Add ☐ Remove _□ Add _□ Remove

. If amending any other information, enter change(s)	here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of recei the date this document is filed by the Florida Department of State	(optional) pt or filed date and cannot be more than 90 days after
•	
Dated APRIL 9 , 20° Kigta C	Passariello
Signature of a member of	r authorized representative of a member
KRIZIA PASSARIELLO	
Typed or	r printed name of signee

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