

L140000087246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

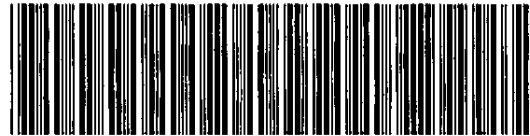
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JUL 30 AM 11:06  
DIVISION OF CORPORATIONS  
STATE OF NEW YORK

JUL 31 2014  
J. HARRIS

**PEACE PIZZARIA, LLC  
PO BOX 4880  
PENSACOLA, FL 32507**

July 23, 2014

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

On 05/30/2014, our company registered as a Florida Limited Liability Company with the State of Florida. Our registration number is L14000087246. We are filing to amend the Articles of Organization as follows:

The correct name of the company should be: Peace Pizzeria, LLC

The word pizzeria was inadvertently misspelled with the original filing.

Please feel free to contact me if you have any questions/concerns. My contact information is as follows:

Clyde J. Patroni  
PO Box 4880  
Pensacola, FL 32507  
(850) 473-9022

Thanks for your time.

Sincerely,

A handwritten signature in black ink, appearing to be 'CJ Patroni', written over a horizontal line.

Clyde J. Patroni  
Managing Member

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Peace Pizzeria, 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:

Clyde J. Patroni  
Name of Person

Peace Pizzeria, LLC  
Firm/Company

PO Box 4880  
Address

Pensacola, FL 32507  
City/State and Zip Code

kking@ezmedicalinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathrin King at (850) 473-9022  
Name of Person 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**

Peace Pizzeria, 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 Company were filed on 05/30/2014 and assigned Florida document number L14 000087246.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Peace Pizzeria, LLC

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

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**

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 = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
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 DIVISION OF CORPORATIONS  
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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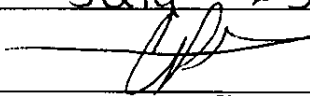
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated July 23, 2014.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Clyde J. Patroni

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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