

L14000100171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

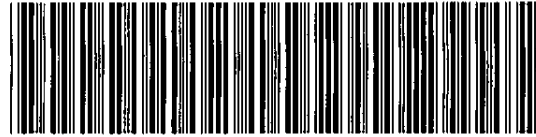
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14 OCT AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 22 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MONTOYA PIZZA, 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:

BASSAM ALSALEH

Name of Person

ACCOUNTING AND MORE OF TAMPA

Firm/Company

4815 E. BUSCH BLVD. STE 213

Address

TAMPA, FL. 33617

City/State and Zip Code

BASSAMJ2007@YAHOO.COM

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

For further information concerning this matter, please call:

BASSAM ALSALEH

Name of Person

at **813 760-7658**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2014

BASSAM ALSALEH
ACCOUNTING AND MORE OF TAMPA
4815 E BUSCH BLVD - STE 213
TAMPA, FL 33617

SUBJECT: MONTOYA PIZZA, LLC.
Ref. Number: L14000100171

We have received your document for MONTOYA PIZZA, LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 114A00020641

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

MONTOYA PIZZA, 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 06/23/2014 and assigned
Florida document number L14000100171

FILED
14 OCT 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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:

SAMY ZEIN DING

New Registered Office Address:

2091 N. HIGHLAND AVE.

Enter Florida street address

CLEARWATER

City

Florida 33755

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.

[Signature]
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>
MGR	SAMY ZEIN E DING	2091 N. HIGHLAND AVE.	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL. 33755	<input type="checkbox"/> Remove
MGR	SAMIR ZEIN E DING	2091 N. HIGHLAND AVE.	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL. 33755	<input type="checkbox"/> Remove
MGR	ZULEIMA MONTOYA	2091 N. HIGHLAND AVE.	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL. 33755	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 10/2/14 (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 10 / 2, 14

Zuleima Montoya

Signature of a member or authorized representative of a member

ZULEIMA MONTOYA

Typed or printed name of signee

FILED
14 OCT 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA