

L14000 15F309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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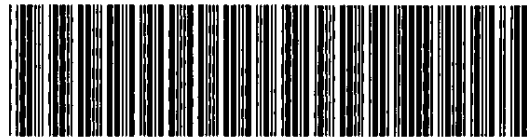
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 03 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Pizz Line Professionals
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:

Margie Francis
Name of Person

Pizz line professionals
Firm/Company

6740 NW 45 Ct
Address

Lauderhill FL 33319
City/State and Zip Code

MFrancis3125@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margie Francis at (954) 325-3127
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**

Price Line Professionals 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 10/9/2014 and assigned Florida document number L14000158309

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)

6740 NW 45th
Lauderhill FL 33319

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

Florida

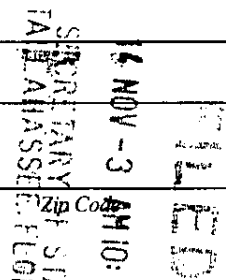
City

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



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>
AMBR	Donnatilda Tabana	9942 W Daffodil Lane	<input checked="" type="checkbox"/> Add
	Donnatilda TABANA	Miramor FL 33025	<input type="checkbox"/> Remove
AMBR	Jose Madariaga	451 NW 187 Ave	<input checked="" type="checkbox"/> Add
		Pembroke Pines FL 33029	<input type="checkbox"/> Remove
Mgr	Margie Francis	6740 NW 45th	<input checked="" type="checkbox"/> Add
		Wander Hill FL 33319	<input type="checkbox"/> Remove
Ambr	Rafael Valecillo	7524 SW 188 Terr	<input checked="" type="checkbox"/> Add
		Cutler Bay FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

Adding Donatilda Tabana as ~~Director~~
Member authorized

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 10/30/2014

Margie Francis CEO/MGR
Signature of a member or authorized representative of a member

Margie Francis
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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