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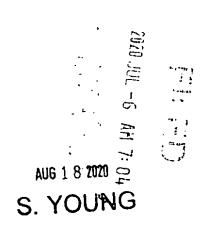
(Requestor's Name)
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(Document Number)
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## **COVER LETTER**

TO:

Registration Section

Division of Co	orporations				
A & J PIZ	ZA LLC				
SUBJECT:	Name of Lim				
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	KIMBERLEY URSO				
		Name of Person			
	A & J PIZZA LLC				
		Firm/Company	<del></del>		
	10433 COUNTY ROAD 3	9 S	_		
		Address			
	LITHIA, FL 33547				
	KIMURSO70@GMAIL.CO	City/State and Zip Code			
	<del>-</del>	to be used for future annual report no	otification)		
For further information	concerning this matter, please c	all:			
KIMBERLEY URSO		813 753-8037 at ()			
Name	of Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addr</u> Registration		Street Address: Registration S	ection		
Division of	Corporations	Division of Co	orporations		
P.O. Box 63 Tallahassee.		The Centre of 2415 N. Monr	roe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & J PIZZA LLC		026
(Name of the Limit	ted Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited L	iability Company were filed on 10/22/14	and assigned
Florida document number L14000164718	·	7:01
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
D. If amonding the registered egent and/or a	registered office address on our records, enter	the name of the new register
agent and/or the new registered office addre		THE HAME WITH HEW PERSONS
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	is.
		orida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JON C. URSO	10832 CHARMWOOD DR RIVERVIEW FL 33569	<b>=</b> Add
			□Remove
			□Change
AMBR	KIMBERLEY URSO		🗆 Add
			□Remove
		10832 CHARMWOOD DR RIVERVIEW FL 33569	\begin{align*} \be
			□Add
			□Remove
	-		□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Chance

ii amenung any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del></del>	
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<del></del>	<u></u>
_	
-1-	
Note: If the date inscried	than the date of filing:
he record specifies a delaye ord is filed.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JULY 1	, <u>2020</u>
Kink	Signature of a member or authorized representative of a member
/ KIMBERLEY	
NIMIDERLE I	Typed or printed name of signee

• • •

Filing Fee: \$25.00