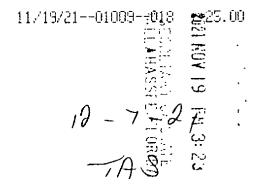


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COVER LETTER

TO: **Registration Section Division of Corporations** S & J PIZZA OF TALLAHASSEE, LLC SUBJECT: 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: Scott Fernbach Name of Person Decent Pizza Firm/Company 6329 Glasgow Drive Address Tallahassee, Fl 32312 City/State and Zip Code fernbachscott@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Fernbach 508-7207 Area Code Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:**

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S & J PIZZA OF TALLAHASSEE, LLC	·			
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	opears on our records.) any)			
The Articles of Organization for this Limited Liability Company were filed of Florida document number L15000000066	n 12/31/2014 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability compa	ay here:			
The new name must be distinguishable and contain 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)	33 6			
	<u> </u>			
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	our records, enter the name of the new registere			
Name of New Registered Agent:				
New Registered Office Address:				
	r Florida street address			

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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
Manager	Jacob Meister	6329 Glasgow Drive	
		Tallahassee, Fl 32312	■Remove
			□Change
MGR	Lisa Fernbach	6329 Glasgow Drive	≣Add
		Tallahassee, Fl 32312	□Remove
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