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APR 22 2015 J. HARRIS

COVER LETTER ,

	gistration Sec ision of Corp			•
SUBJECT:		Peace Pizza LLC		
SUBJECT.	-	Name of Lim	ited Liability Company	
The enclosed	l Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Robbie Dickerson		
			Name of Person	
		Grace & Peace Pizz	a LLC	
			Firm/Company	
		2633 Butler Bridge V	Vay	
			Address	
		Kennesaw, Ga 3015	52	
			City/State and Zip Code	
		grace.peace.pizza@	_	
			to be used for future annual report notific	ation)
For further in	nformation co	ncerning this matter, please ca	all:	
Robbie D	ickerson		678 851 1929	
	Name of	Person	Area Code 851 1929 Daytime	l'elephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00 F	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

Grace & Peace Pizza LLC		
(Name of the Limited Liab (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on March 11, 2015	and assigned
Florida document number L15000044611	.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Grace & Peace Pizza of Florida LLC		
The new name must be distinguishable and end with the words "I	imited Liability Company," the designation "LLC" or the	, , , , , , , , , , , , , , , , , , ,
Enter new principal offices address, if applicable:		SAPPI TI
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	istand office address on our records ont	on the name of the nov
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		er the name of the nev
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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			29 Remove SETAPR - 8
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			Fig. P 4dd 3: Add 3: A
			Remove

·	hange(s) here: (Attach additional sheets, if necessary.
	Marie Committee
ffective date, if other than the date of filin	g: (optional)
e effective date must be specific, cannot be prior to date this document is filed by the Florida Department.	te of receipt or filed date and cannot be more than 90 days after it of State)
•	
. April 3	2015
April 3	2015
Dated April 3	2015
aled	• ———•
Dated	member or authorized representative of a member

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Filing Fee: \$25.00

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