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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		K PIZZA LLC		
3000		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		KIMBERLEY ZINERCO		
			Name of Person	
		FISHHAWK PIZZA LLC		
			Firm/Company	
		15716 OAKLEAF RUN D	RIVE	
			Address	***************************************
		LITHIA, FL 33547		
		7121	City/State and Zip Code	
		KIMZINERCO@GMAIL.C		
		E-mail address; ()	to be used for future annual report not	ification)
For furt	her information co	oncerning this matter, please co	all;	
KIMBE	ERLEY ZINERCO)	813 753-8037	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	e following amount:		
□ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy radditional 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**

FISHHAWK PIZZA LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Fiorida	Chimed Charles Company)		
The Articles of Organization for this Limited Liability Co		IL 13, 2015	and assigned
Florida document number L15000064420			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here	;	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	·-		-
Name of New Registered Agent:	ess here:		
New Registered Office Address:	Entar Florida	i street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my ent as provided for in Cha l office address, I hereby o	y duties, and I am fai upter 605, F.S. Or, if confirm that the limi	miliar with and This do Ament is to diability
	If Changing Registered Agent	t, Signature of New Regi	HETed Agens
	Dage 1 of 2		部 3

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

AMBR ALBERT J. CARAPELLA 2713 BUCKHORN OAKS DRIVE VALRICO FL	□ Add 3 3≤ 94 ■ Remove □ Change
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fective date, if other the neffective date is listed, the ote: If the date inserted in cument's effective date of	n this block does no	ot meet the applical	date of filing or more	(option than 90 days after to quirements, this	nal) iling.) Pursuant to date will not be	605.0 listec
record specifies a d The 90th day after t			an effective time	e, at 12:01 a	.m. on the ea	arlier
JULY 3		2017				
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Kir	mlen Co	X1				
Kin	MULLES Signature fr	a thember or alithor	ized representative of a	a member	2 J	<u></u>

Page 3 of 3

Filing Fee: \$25.00