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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

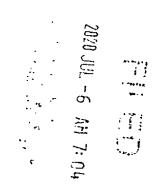
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COVER LETTER

TO:

	gistration Se vision of Cor				
eun irow.	FISHHAWK PIZZA LLC				
SUBJECT:		Name of Lim	ited Liability Company	 	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		KIMBERLEY URSO			
		· -	Name of Person		
		FISHHAWK PIZZA LLC			
			Firm/Company	 	
		15260 FISHHAWK BLVD)		
		12.00	Address		
		LITHIA FL 33547			
			City/State and Zip Code		
		KIMURSO70@GMAIL.CO			
For further	information c	e-mail address: () oncerning this matter, please ca	to be used for future annual report n	описанов)	
KIMBERL	EY URSO		813 753-8037		
	Name o	f Person		ime Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00	Filing Fec	☐ \$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)	
	ailing Addres		Street Address: Registration S	Section	
	_	forporations	Division of C	Division of Corporations	
	O. Box 632		The Centre of		
T a	allahassee, l	FL 32314	2415 N. Mon	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FISHHAWK PIZZA 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 $\frac{4/13/2015}{2}$ Florida document number L15000064420 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: 10832 CHARMWOOD DRIVE New Registered Office Address: Enter Florida street address , Florida 33569
Zip Code RIVERVIEW

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

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
MGR	KIMBERLEY URSO	10832 CHARMWOOD DR RIVERVIEW FL 33569	□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change

	<u> </u>
Note:	re date, if other than the date of filing:
he reco	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Date	ULY I 2020
ישונינ	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00