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UNIO 2 2015 O. BRUCE

COVER LETTER

TO: Registration Secti Division of Corpo				
SUBJECT:	BZ P1ZZA Name of Limi	CL LL L ited Liability Company		
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	5TE	Name of Person		
		Firm/Company		
	9200 5	. Dude/and	3/08, Suise 80	Ð
	Miam	1. FL 33156 City/State and Zip Code	No	-
		to be used for future annual report notific		
For further information con-	cerning this matter, please ca			
Steve Name of P	Z131 erson	at (30 T) 8 Z	5664 Selephone Number	**************************************
Enclosed is a check for the	following amount:			
\$25.00 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

32 +122a LL		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 4500086833	, ,	15 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	13125 N. La Mo	ITANA Dr.
(Principal office address MUST BE A STREET ADDRESS)	Swite 2-N	
	Swite 2-N Fountain Hills,	AZ 85268
	·	
Enter new mailing address, if applicable:	13125 N. La Mon	Java Dr
(Mailing address MAY BE A POST OFFICE BOX)	Suite 2-N	y
	Suite 2-N Formain Hills,	42 85268
D. If amounting the projectional part and the projection design		CHARGE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN CO
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
togotte a agent and of the new registered office address ner	<u>.</u>	SSE
22. 22. 24. 24. 24. 24. 24. 24. 24. 24.		79 7
Name of New Registered Agent:	- MAN (FALL A	
New Registered Office Address:		
<u></u>	Enter Florida street address	A 7
	, 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 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>	<u>Address</u>	Type of Action
			□ Remove
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Page 3 of 3

Filing Fee: \$25.00