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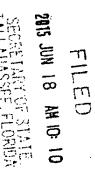
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"COYER LETTER

TO: Registration Se Division of Cor	ction porations
,	E PIZZA OF JERUSLAEM, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ndence concerning this matter to the following:
	DAVID T. MATHEWS
	Name of Person
	BIG APPLE PIZZA OF JERUSLAEM, LLC
	Firm/Company
	3377 BARBADOS AVENUE
,	Address
	COOPER CITY, FLORIDA 33026
	City/State and Zip Code
	1986BIGAPPLE@GMAIL.COM E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please call:
DAVID MATHEWS	954 612-0897 at ()
Name o	f Person Area Code Daytime Telephone Number
Enclosed is a check for the	he 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 &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 JUN 18 AM 10: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

BIG APPLE PIZZA OF JERUSLAEM, 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 Compa	any were filed on MAY I	9, 2015 and assigned
Florida document number L15000088475		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
BIG APPLE PIZZA OF JERUSALEM, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:	····	
(Mailing address MAY BE A POST OFFICE BOX)		
,		
B. If amending the registered agent and/or registered	d office address on an	r records anter the name of the naw
registered agent and/or the new registered office address		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida s	treet address
		. Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	ent:	
I hereby accept the appointment as registered agent and	agree to act in this cape	acity. I further agree to comply with the

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>	Address	Type of Action
AMBR	MAAYANE SOUROUR	3377 BARBADOS AVENUE	
		COOPER CITY, FLORIDA 33026	Remove
AMBR	SHAYKE KEDEM	3377 BARBADOS AVENUE	
		COOPER CITY, FLORIDA 33026	☐ Remove
			■ Change
			☐ Remove
	•		☐ Change
			☐ Remove
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(If an e Note	tive date, if other than ffective date is listed, the date. If the date inserted in thinent's effective date on the	must be specific and can s block does not meet	nnot be prior to date of the applicable statu	filing or more than 90 de tory filing requireme	(optional) ays after filing.) Pursuant atts, this date will not b	to 605.0207 (3)(b) he listed as the
	ecord specifies a dela e 90th day after the		e, but not an effo	ective time, at 17	2:01 a.m. on the o	earlier of:
Dated	JUNE 17	N.	2015			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00