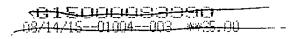
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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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AUG 17 2015 J SHIVERS

## **COVER LETTER**

2

TO: Registration Section Division of Corporations
SUBJECT: CURSTAL PIZZA NORTHEAST FLORIDA, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
THOMAS R. DEMARIO
Name of Person
SUBJECT: CURSTAL PIZZA NORTHEAST FLORIDA, LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  THOMAS R. DEMAR'O  Name of Person  LOSTAL PIZZA NORTHEAST FLORIDA LLC  Firm/Company  46 4099 STATE ROAD # 200  Address  YULCE FL 32997 6344  City/State and Zip Code  TROMAGE FLORIDA COMPANIAN COMP
Firm/Company
464099 STATE ROAD # 200
Address
Yulee FL 32097-6344
City/State and Zip Code
1 RUPMARIO FCO CMAIL, COM
For further information concerning this matter, please call:
THOMAS R DEMODIO 01 904 383-07600
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certified Copy Certificate of Status &
<i>i</i>
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CODSTAL PIZZA OF NO.	RTHEAST FLORIDA LL	<u>c</u>	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company we Florida document number		5 and assigne	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	abbreviation "L.L.C.	13
Enter new principal offices address, if applicable:	# 464099 5 # 200 YULEE FLORI dA	TATE RO	Ad
(Principal office address MUST BE A STREET ADDRESS)	# 200		
	•		
Enter new mailing address, if applicable:	464099 STATE	MOAD	
(Mailing address MAY BE A POST OFFICE BOX)	464099 STATE # 200 YylEE Floria		
	YYLEE Floria	dA 32097	7-634
B. If amending the registered agent and/or registered office address here:  Name of New Registered Agent:		r the name of	the new
New Registered Office Address:		3:00	7
New Registered Office Address.	Enter Florida street address , Florida	0.000 J	77
<del></del>	City	Zip Code	پر وينشذ
New Registered Agent's Signature, if changing Registered Agent:			T
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p			

If Changing Registered Agent, Signature of New Registered Agent

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	<del></del>		☐ Add
			Remove
			☐ Change
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			☐ Change

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The 90th day after the record is filed.			

Page 3 of 3

Filing Fee: \$25.00