Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000002026 3)))



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Division of Corporations

Fax Number : (850) 617-6383

Account Number : I20130000079

Phone Fax. Number (305)804-1047 (866) 7,67-7835

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EXUPERY BERGER & PIZZA LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT (((H16000002026 3))) TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reculability Company)	ords.)
The Articles of Organization for this Limited Liability Company	v were filed on 12/28/2015	and assigned
Florida document number L15000212934		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
EXUPERY BURGER & PIZZA LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation 1.L.C,"
Enter new principal offices address, if applicable:		F.93
(Principal office address MUST BE A STREET ADDRESS)		= = = = =
		経営の国
		52 5
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		플리 &

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:	
New Registered Office Address:	Enter Florida street address
	, Florida

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

ector Rodriguez Fax: (866) 767		Sunbiz LLC		(850) 617-6383	Page 3 of 4 01.	
If amending Authorized or removed from our re	rerson(s) authoriz	ed to mana	ge, <u>enter the</u>	title, name,	and address of e	ach person beir
or removed from our re	corus:			*		
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AMBR = Authorized M	lember					
			• • • •			,
<u>Title</u> <u>Name</u>		and the second	<u>Address</u>			Type of A
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□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (((H16000002026 3))) (((H16000002026 3))) E. Effective date, if other than the date of filing:	lector Rodriguez	Fax: (866) 767-7835	To: Sunbiz LLC	Fax: +1 (850) 617-6383	Page 4 of	4 01/05/2018 9:18	AM
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