

L160000 15281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

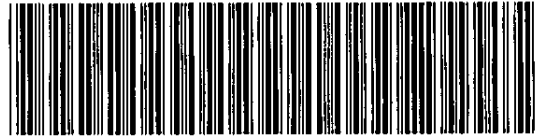
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 FEB 16 PM 3:21

FEB 16 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DUE AMICI PIZZERIA 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:

WAFAA HAARIZ

Name of Person

Firm/Company

5554 MERTOWEST BLVD # 304

Address

ORLANDO, FL 32811

City/State and Zip Code

SAFECPA@GMAIL.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

WAFAA HARRIZ

407 803-1892
at ()

Name of Person

Area Code

Daytime Telephone 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

Page 1 of 3

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>	<u>Type of Action</u>
AMBR	BROQI, ARBEN	4032 LAKE UBDERHILL APT # c	<input type="checkbox"/> Add
		ORLANDO, FL 32803	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2018 FEB 16 PM 3:21
 SEAN C. BRYANT
 ALLAHAMSTON, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated FEBRUARY 12 2016

Signature of a member or authorized representative of a member

WAFAA HARRIZ

Typed or printed name of signee

2010 FEB 16 PM 3:21
ST. LOUIS
FALL HARBOR
FLORIDA