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Office Use Only



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J. HARRIS

COVER LETTER

TO: Registration Division of C			
CUD IT OT.	IICI PIZZERIA LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	WAFAA HAARIZ		
		Name of Person	
		Firm/Company	
	5554 MERTOWEST BLV	TD # 304	
		Address	
	ORLANDO, FL 32811		
	SAFECPA@GMAIL.COM	City/State and Zip Code	
	E-mail address (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
WAFAA HARRIZ		407 803-1892 at ()	
Name	e of Person		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)
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MAI	LINC ADDDESS.	STREET/COURT	FR 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

DUE AMICI PIZZERIA LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ted Liability Company)	.)
The Articles of Organization for this Limited Liability Comp. Florida document numberL16000015281	any were filed on 01/21/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7. 20
(Principal office address MUST BE A STREET ADDRESS	2	The second secon
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address I		enter the name of the ne
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my duties, and as provided for in Chapter 605, F	I I am familiar with and S. Or, if this document is

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

Title	Name	<u>Address</u>	Type of Action
AMBR	BROQI, ARBEN	4032 LAKE UBDERHILL APT # c	□ Add
	. .	ORĻANDO, FĻ 32803	■ Remove
			Change
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If amending any other informat				-	• /	
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blooks locument's effective date on the Deep e record specifies a delayed. The 90th day after the record	be specific and can ock does not meet partment of State effective date	not be prior to date the applicable st 's records.	of filing or more the atutory filing rec	quirements, this d	ling.) Pursuant late will not	be listed a
ated FEBRUARY 12		016	,			
	Walpa	Hours			- CO	2016
WAFAA HARRIZ	Signature of a mem	ber or authorized r	epresentative of a	member	AE ASS	
	Тур	ed or printed name	e of signee		Table	6 PX
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Filing Fee: \$25.00