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(Re	equestor's Name)		-
(Ad	ldress)		_
(Ac	ldress)		_
			_
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Ві	ısiness Entity Nar	me)	_
(Do	ocument Number)		_
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Certified Copies	Certificates	s of Status	
		·	
Special Instructions to	Filing Officer:]
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Office Use Only



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COVER LETTER

TO	: Registration S Division of Co			,
SIЛ	RJECT:	5 \$ 5 Pizza L	LC	
		Name of Limi	ited Liability Company	
The	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Plea	ase return all corresp	ondence concerning this matter	to the following:	
		Stephen	Bernste ¹ n Name of Person	
		545 P	Firm/Company Address	
		1221 5.5	address	· · · · · · · · · · · · · · · · · · ·
			City/State and Zip Code	
		L-mail address: (gmail. (um tobe used for future annual report notif	ication)
For	further information	concerning this matter, please ca	ali:	
	Stephe	n Benstin	at (941) 763 - D Area Code Daytime	597 Telephone Number
Enc	closed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

5\$5 Pizzu	HC
(Name of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	collity Company were filed on $\frac{3/15/2016}{754}$ and assigned
his amendment is submitted to amend the followi	ring:
A. If amending name, <u>enter the new name of th</u>	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	de:
<u> Principal office address MUST BE A STREET A</u>	ADDRESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	233
	registered office address on our records, enter the name of the eaddress here:
registered agent and/or the new registered office	ce address here:
Name of New 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 Agen

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>	Name	Address	Type of Action
MGRIP	Stephen Bernstein	1221 S. Sunter Blvd	
	,	1221 S. Sunter Blvd North Port Fl 34287	Remove
		**************************************	☐ Change
			Add
			🗖 Remove
			Change
			□ Add
			□ Remove
			Change
·			Add
			□ Remove
			Change
			Add
			Remove
		NEURE TAR	Change
			J Remove
		RIDA	

. If amend	ling any other information, enter ch	nange(s) here: (Attach addition	al sheets, if necessary.)	
	,			
		,		
				_
				-
		-		
Effective	e date, if other than the date of filing		(optional)	
Note: If	ive date is listed, the date must be specific and the date inserted in this block does not m t's effective date on the Department of S	neet the applicable statutory filing r	than 90 days after filing.) Pursuant to equirements, this date will not be	605.0207 (3 listed as the
	rd specifies a delayed effective d Oth day after the record is filed.	ate, but not an effective tin	ne, at 12:01 a.m. on the ea	arlier of:
Dated		·		
	STATE 14	LAA		
	Signature of a r	Beinstein authorized representative of Beinstein Stein	a member	- !
		Typed or printed name of signee	gs o	
		Page 3 of 3	P 3: 46 P STATE	
		Filing Fee: \$25.00	⊅ ∪⁻ ~	