## L160000 71524

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## **COVER LETTER**

TO: Registration Se Division of Cor			
Joe's Destir	ı Pizza, LLC.		
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub		
	Andrew S. Atkins, Esq.		
		Name of Person	
	Shevlin & Atkins, Attorne	eys at Law	
		Firm/Company	
	1111 Kane Concourse, Su	ite 619	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Bay Harbor Islands, FL 33	3154	
	<del> </del>	City/State and Zip Code	
	andrew@shevlinatkins.com		ation) 25 25
		to be used for future annual report notification	ation)
For further information of	oncerning this matter, please c	all:	W 20
Andrew S. Atkins, Esq.		305 868-0304 at ()	
Name o	f Person	Area Code Daytime T	Telephone Number (2)
Enclosed is a check for th	e following amount:		٠.
\$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)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIED Registration Section Division of Corporati Clifton Building 2661 Executive Center	ions

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOE'S DESTIN PIZZA, LLC.		_		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recor Liability Company)	<u>'ds.</u> )		
(Name of the Limited Liability Company as It now appears on our records.)  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on 4/11/2016 and assigned Florida document number L16000071524  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 Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address	med			
Florida document number L16000071524				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	C" or the abbrevi	ation "L.L.	C."
Enter new principal offices address, if applicable:	1688 Scenic Gulf Drive			
	Unit C			
	Miramar Beach, FL 32550	,		
		ASS	281	
Enter new mailing address, if applicable:		AH	<b>₽</b>	77_
,		25	-52	(Necessary)
		in-< iπ-,	0	[majora]
		-15 5 7 1	U	
B. If amending the registered agent and/or registered of	ffice address on our record	ls, enter the	name of	the nev
registered agent and/or the new registered office address here	<u>e</u> :	C 2 ***	$\omega$	
				•
Name of New Registered Agent:	<u> </u>			<del></del>
New Registered Office Address:				
	Enter Florida street addre	2SS		
		lorida		
	City	2	lip Code	

## 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

, 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** <u>Name</u> **Address** Type of Action □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add □**R**emove Ehange □(Add □**j**kemove ☐ Change \_□ Add ☐ Remove \_□ Change \_ Add ☐ Remove ☐ Change

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an effective date is listed, the date n	nust be specific	and cannot be pr	ior to date of filing	or more than 90 day	s after filing.) Purs	uant to 605,02	07
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The 90th day after the re	ecord is file	d.					
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Joseph Cohen							

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