Note: Please print this page and use it as a cover sheet. Type the fax audit numl (shown below) on the top and bottom of all pages of the document.	ber
(((H16000211833 3)))	
H180002118333ABCZ	
Note: DO NOT hit the REFRESH/RELOAD button on your browser from this particle.  Doing so will generate another cover sheet.	
To:  Division of Corporations Fax Number : (850)617-6383  From:  Account Name : FILINGS, INC.	25 PH 3:
From:  Account Name : FILINGS, INC.  Account Number : 072720000101  Phone : (850)385-6735  Fax Number : (954)641-4192  **Enter the email address for this business entity to be used for fur	
annual report mailings. Enter only one email address please.**  Email Address:	SL KRETAR FALLAHASS 16 AUG 25
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN B3 PIZZA LLC	Y DE SI
Certificate of Status0Certified Copy0Page Count02Estimated Charge\$25.00	IATE 1310,5
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S. YOUNG

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## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		tion 605.0209, F.S., this document is being submit me of the limited liability company is: B3 Piz				
SECO	ND:	The Florida Document number of the limited liab	oility company is: L16000157097			
THIRI	<b>D</b> :	Document to be corrected is: Articles of	Organization			
	()	CHECK THE APPROPRIATE BOX AND COM	MPLETE THE APPLICABLE STATEMENT			
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  The name of the registered agent and the name of the					
	ma	nager is William Beckwith (	not Bill Beckwith)			
			<b>ာ</b> ကိုင်			
	QR		9: 10:			
	Was de		ent was defectively signed and the appropriate confection as			
	<u>OR</u>	4				
	The ele	ectronic transmission of the record was defective.	1			
		Signature of Authorized Representative	Ang 25 2016			
New Real Interests	ng the d egistered y accept ons of a ions of a a change	w registered agent, if applicable :( NOTE: if correct signation).  Agent's Signature, if changing Registered Agent: the appointment as registered agent and agree to be statutes relative to the proper and complete performance.	ting the registered agent, the new registered agent must sign act in this capacity. I further agree to comply with the remance of my duties, and I am familiar with and accept the Chapter 605, F.S. Or, if this document is being filed to merel that the limited liability company has been notified in writing			
		Registered Age	ent's Signature			
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			

H16000211833

	COVERLETTER				
TO: Registration S Division of C					
SUBJECT: B3 F	Pizza LLC				
50202C1	Name of Limited Liability Company				
Dear Sir or Madam;					
The enclosed Statemen	at of Correction and fcc(s)	are submitted for filing.			
Please return all corres	pondence concerning this r	matter to the following;			
Bill Beckw	rith				
	Name of Person				
B3 Pizza l	LLC				
	Firm/Company				
6075 Pelic	can Bay Blvd	1#1403	•		
	Address				
Naples, Fi	L, 34108				
	City/State and Zip Code				
bb@b3gc.	com to be used for future annua	l report notification)			
For further information	n concerning this matter, pl	ease call:			
Bill Beckw	rith	630	445-9970		
Nam	c of Person	Area Code	Daytime Telephone Number		
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 32	ns Circle	R D P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314		
Enclosed is a check for the following amount:					
325 Filing Fee	530 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy		
CR2E062 (9/15)					