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(Re	equestor's Name)	
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(CII	ty/State/Zip/Phone	")
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Eiling Officer	1
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Office Use Only



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DIVISION OF CORPORATIONS

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COVER LETTER

	gistration Sec vision of Corp			
SHR IFCT:	Papa Nose P			
, ,				
The enclose	d Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please retur	n all correspor	ndence concerning this matter t	to the following:	
		Dayana Sunol		
			Name of Person	
		Papa Nose Pizzeria LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		10851 SW 40th St		
			Address	
		Miami, FL 33165		
			City/State and Zip Code	
		chef4kids@hotmail.com		
For further	information co	n-man address: () oncerning this matter, please ca	to be used for future annual report notifi all:	emion)
Dayana Su	nol		305 225-0530	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

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

Papa Nose Pizzeria LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records. imited Liability Company))
The Articles of Organization for this Limited Liability Con Florida document number L16000166106	mpany were filed on 9/6/16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		의
(Principal office address MUST BE A STREET ADDRI	ESS)	SEP 29
Enter new mailing address, if applicable:		16 SEP 29 PM 1: 31
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our records ess here:	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
Kegistered Office Address.	Enter Florida street addres:	\$
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, an gent as provided for in Chapter 605,	nd I am familiar with and F.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

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	Dayana Sunoi	10851 SW 40th St			
		Miami, FL 33165	■ Remove		
			Change		
MGR	Eddie Prats	10851 SW 40th St	Add		
		Miami, FL 33165	□ Remove		
			☐ Change		
			Add		
			□ Remove		
			Change Change		
			□-Change		
			☐ Change		
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n nat:	You have 10 the selection of the CCP			
(If an ei	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)			
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date vent's effective date on the Department of State's records.	vill not be	listed	as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	n the ea	arlier	of:
Dated	9/13 2016			
	1 trul			
	Signature of a member or authorized representative of a member			
	Dayana Sunol			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00