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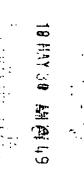
(Requestor's Name)
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J. LEGGETT JUN 01 2018

COVER LETTER

	tegistration Sec Division of Corp				
2110 107		ZA PASTA PANINI LLC			
SUBJECT	ı; <u></u>	Name of Limi	ited Liability Company		
The enclos	sed Articles of z	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspoi	ndence concerning this matter	to the following:		
		W H OCONNELL			
		- N	Name of Person	····	
WH OCONNELL & ASSOCIATES PA					
Firm/Company					
2825 LEWIS SPEEDWAY SUITE 104 Address					
City/State and Zip Code					
		HENRY@WHOCPA.COM			
			to be used for future annual report notif	ication)	
For furthe	r information co	oncerning this matter, please ca	all:		
W H OCC	ONNELL		904 829-0082 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed i	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 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

MIKES PIZZA PASTA PANINI LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000188837	v were filed on 10/12/16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
LITTLE CASA MAYA LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation ** P.L.C."
Enter new principal offices address, if applicable:		. 7
(Principal office address MUST BE A STREET ADDRESS)		(A.
Frincipal office dadress MOST BE A STREET ADDRESS		7
		2. 3
		9
Enter new mailing address, if applicable:		<u>-</u>
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·	nter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	B	
	Enter Florida street address	
	, Florid	a
	City	Zip 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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