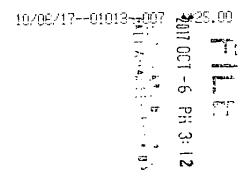
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dad's Pizzeria and Pub, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shawna Pyrchalla Name of Person
Dad's Pizzeia & Pub, LLC Finn/Company
4657 US HWY-1, StCB
Rockledge, FL 32955 City/State and Zip Code
dads Pizzeria pub 32955@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shawna Pyrchalla at (301) 507 4898 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sectificate of Status Certificate of Status & Certificate of Sta

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

Dad's Pizzeria Ar	od Pub. LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	<u>s.</u>)
	March ,	
The Articles of Organization for this Limited Liability Company	y were filed on $03/31/1$	and assigned
Florida document number <u>L17000073007</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		7. T 9 1
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		ယ္
		ii Ni
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		, enter the name of the nev
registered agent and/or the new registered office address he	<u></u> .	
Name of New Registered Agent:		
M		
New Registered Office Address:	Enter Florida street address	Y
	Flo	orida
	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
Mgs Ar	Shawnna Pyrchalla	4657 U.SHwy 1 SteB	Add Add
Hmb		Rockledge, FL 30955	□ Remove
			Change
Ambo	Michael Pyrchalla	4657. U.S Huy 1 Stel	3 X Add
		Rockledge, FL 32955	□ Remove
			Change
MBR	Scott Fowler	4657 US HWY I StcB	🗆 Add
		Rockledge, FL 32955	Remove
			Change
AMBR	Michelle Fauler	4657 US HWYI SteB	🗆 Add
		Rockledge, FL 32955	Remove
			Change
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ective date, if other the effective date is listed, the	nan the date of filing: date must be specific and co	annot be prior to date c	of filing or more than 90 da	(optional) sys after filing.) Pursuant to (605,020
e: If the date inserted in		et the applicable sta		nts, this date will not be l	
ument's effective date o	an are rechartment or sm	ite s records.			
record specifies a d	lelaved effective da	ite, but not an e	ffective time, at 12	2:01 a.m. on the ea	rlier d
he 90th day after ti		te, sat not an e	induite initia, de 12		2017
				>- (1) 27 (1) (1)	90
d Septembe	28.	2017.		, f er 10, fe r 20, fe	7-7
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00