## 117000084751

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| (Boounient Hambor)                      |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
| ,                                       |
|   |
|   |

Office Use Only



700299358177

06/01/17--01009--007 \*\*25.00



JUN 0 1 2017 J SHIVERS

## **COVER LETTER**

| то:  | Registř<br>Divisio | ation Section of Corpor |  |   |  |
|------|--------------------|-------------------------|--|---|--|
| CUE  | Piz                | za @ I-Driv             | e, LLC                                       |   |  |
| SUB  | JECT:              |                         | Name of Limi                                 | ted Liability Company   | ·  |
| The  | enclosed Ar        | ticles of An            | nendment and fee(s) are subr                 | nitted for filing.  |  |
| Plea | se return all      | correspond              | ence concerning this matter t                | o the following:  |  |
|      |                    |                         | Christian C. Walters                         |   |  |
|      |                    |                         |  | Name of Person  |  |
|      |                    |                         | Barry L. Miller, P.A.                        |   |  |
|      |                    |                         |  | Firm/Company  |  |
|      |                    |                         | 11 N. Summerlin Ave., Ste                    | 100   |  |
|      |                    |                         | <u> </u>                                     | Address   |  |
|      |                    |                         | Orlando, Florida 32801                       |   |  |
|      |                    |                         |  | City/State and Zip Code   |  |
|      |                    |                         | John Piz                                     | za - at. Com o be used for future annual report not                 | ification)   |
| For  | further infor      | mation con              | cerning this matter, please ca               |   |  |
| Chri | istian C. Wa       |                         |  | 407 581-2964<br>at ()   |  |
|      |                    | Name of Po              | erson  | Area Code Daytir  | ne Telephone Number  |
| Enc  | losed is a ch      | eck for the             | following amount:                            |   |  |
|      | \$25.00 Filin      | g 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

| Pizza @ I-Drive, LLC   |   |                           |
|--|---|---------------------------|
| ( <u>Name of the Limited Lial</u><br>(A Flor   | bility Company as it now appears on our records.) rida Limited Liability Company) | <del></del>               |
| The Articles of Organization for this Limited Liability Florida document number L17000084751   | y Company were filed on 4/17/17   | and assigned              |
| his amendment is submitted to amend the following  | :   |                           |
| A. If amending name, enter the new name of the li  | imited liability company here:  |                           |
| he new name must be distinguishable and contain the words "L                                   | Limited Liability Company," the designation "LLC" or                              | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |   |                           |
| Principal office address MUST BE A STREET AD   | DRESS)  |                           |
|  | <del></del>   |                           |
| Inter new mailing address, if applicable:  |   |                           |
| <u> Mailing address MAY BE A POST OFFICE BOX)</u>  |   |                           |
| 3. If amending the registered agent and/or registered agent and/or the new registered office a |   | nter the name of the      |
|  | ·   |                           |
| Name of New Registered Agent:  |   | 52 T man                  |
| New Registered Office Address:   |   | To A                      |
|  | Enter Florida street address  | 2 2                       |
|  | , Florid  |                           |
|  | 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 = ' Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | Address                 | Type of Action |
|--------------|-----------------|-------------------------|----------------|
| MGR          | Milo Properties | 11 N. Summerlin Ave.    | □ Add          |
|              |                 | Orlando, Florida 32801  | ■ Remove       |
|              |                 |                         | ☐ Change       |
| MGR          | Micah Bass      | 7200 International Dr., | ■ Add          |
|              |                 | Orlando, Florida 32819  | ☐ Remove       |
|              |                 |                         | ☐ Change       |
|              |                 |                         | Add            |
|              |                 |                         | □ Remove       |
|              |                 | <del> </del>            | Change         |
|              |                 |                         | Add            |
|              |                 |                         | Remove         |
|              |                 |                         | Change         |
|              |                 |                         | Add            |
|              |                 | <del>.</del>            | Remove         |
|              |                 |                         | Change         |
|              |                 |                         | Add            |
|              |                 | <u> w ,</u>             | □ Remove       |
|              |                 |                         | ☐ Change       |

| · .  |   |   |                                |                  |              |                                       |                              |            |   |
|--|---|---|--------------------------------|------------------|--------------|---------------------------------------|------------------------------|------------|---|
| ·  |   |   |                                |                  |              |                                       |                              |            | <del>_</del>                            |
|  |   |   |                                |                  |              |                                       |                              |            | _                                       |
|  |   |   |                                |                  |              |                                       |                              |            | _                                       |
|  |   |   |                                |                  |              | ···                                   |                              |            | _                                       |
|  |   |   |                                | <del></del>      |              | <del></del>                           | <del></del>                  |            | <del></del>                             |
|  |   |   |                                |                  |              |                                       |                              |            | _                                       |
|  |   |   |                                |                  |              |                                       |                              |            |   |
| <del></del>                                |   |   |                                |                  |              |                                       |                              |            | _                                       |
|  |   | <del> </del>                            |                                |                  |              | -                                     |                              | _          | _                                       |
|  |   |   |                                |                  |              | · · · · · · · · · · · · · · · · · · · |                              |            | _                                       |
|  |   |   |                                |                  |              |                                       |                              |            | _                                       |
|  |   |   |                                |                  |              |                                       |                              |            |   |
|  |   |   |                                |                  |              |                                       | Σω                           |            |   |
|  |   |   |                                |                  |              |                                       |                              | <u> </u>   | _                                       |
|  |   |   |                                |                  |              |                                       |                              |            | ``                                      |
|  |   |   |                                |                  |              |                                       | 38S<br>XXX                   |            | - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 |
|  |   |   |                                |                  |              |                                       |                              | A          | 21                                      |
| -  |   |   |                                |                  |              |                                       |                              | =          | COT REAL                                |
|  |   |   |                                |                  |              |                                       | \$                           | <u>o</u> _ | _                                       |
| If an effective d<br><b>Note:</b> If the o | te, if other than the ate is listed, the date mulate inserted in this terms the Iffective date on the I | ust be specific and<br>block does not t | d cannot be pr<br>meet the app | licable statutor |              |                                       | <b>nal)</b><br>iling.) Pursu |            |   |
|  | pecifies a delaye<br>day after the re   |   |                                | not an effec     | tive time, a | at 12:01 a.                           | m. on th                     | e ear      | lier o                                  |
| Dated                                      | 5/17/17   | <del>}</del>                            | <i>/</i> —                     | —· /             |              |                                       |                              |            |   |

Page 3 of 3

Filing Fee: \$25.00