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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL MAIL |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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SCORETARY OF STATE
ALLAHASSEE FLORIDA

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COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|---------------|--------------------------------------|--|---|--|
| | Rambo Pizz | • | | |
| SUBJI | ECT: | | ted Liability Company | |
| The en | closed Articles of A | Amendment and fee(s) are subn | nitted for filing. | |
| Please | return all correspon | ndence concerning this matter t | o the following: | |
| | | Taylor Strasser | | |
| | | | Name of Person | |
| | | Rambo Pizza, LLC | | |
| | | | Firm/Company | ···· |
| | | 3546 St Johns Bluff Rd S, U | Unit 106 | |
| | | | Address | |
| | | Jacksonville, FL 32224 | | |
| | | | City/State and Zip Code | |
| | | taylor.strasser@gmail.com | | |
| | | E-mail address: (to | o be used for future annual report notific | cation) |
| For fu | rther information co | oncerning this matter, please ca | ılı: | |
| Taylor | r Strassert | | 904 415-1889 | |
| | Name of | f Person | at () Area Code Daytime | Telephone Number |
| Enclos | sed is a check for th | ne following amount: | | |
| \$ \$2 | 5.00 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



Rambo Pizza, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Li Florida document number | ability Company | were filed on | 2017 | _ and assigned |
|--|---------------------|---------------------------|----------------------------|--------------------|
| This amendment is submitted to amend the following | owing: | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | |
| Rambo Pizza, LLC | | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabi | lity Company," the design | nation "LLC" or the abbre | eviation "L.L.C." |
| Enter new principal offices address, if applic | able: | Taylor Strasser | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 3546 St Johns Bluff | Rd S, Unit 106 | |
| Trinciput Office duaress WOST BE A STREE | (ADDRESS) | Jacksonville, FL 322 | 224 | _ |
| | ., | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | Taylor Strasser | | |
| | | 3546 St Johns Bluff | Rd S, Unit 106 | |
| | | Jacksonville, FL 322 | 224 | |
| B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent: | | <u>'e</u> : | r records, <u>enter th</u> | ne name of the new |
| | 3546 St Johns | Bluff Rd S, Unit 106 | | |
| New Registered Office Address: | | Enter Florida s | treet address | |
| | Jacksonville | | , Florida | 4 |
| | | 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 Address **Title** Name | **Type of Action** MGR Taylor Strasser 3546 St Johns Bluff Rd S, Unit 106 **■** Add ☐ Remove _□ Change _□ Add □ Remove ☐ Change _□ Add Remove Add 11 ST □ Remove · · 言言 □ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove

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| ective date, if other than the | e date of filing:st be specific and cannot be prior to date | of filing or more than 90 days after | ional) er filing) Pursuant to 605 020 |
| e: If the date inserted in this but the late on the late of the la | lock does not meet the applicable st | atutory filing requirements, th | is date will not be listed as |
| and the control of th | opathion of Sale 3 records. | | |
| record specifies a delaye | d effective date, but not an e | effective time, at 12:01 | a.m. on the earlier o |
| he 90th day after the re | ord is filed. | | |
| April 25 ed | 2018 | ستعطي شاه | |
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Page 3 of 3

Filing Fee: \$25.00