L17000210706

(Requestor's Name)
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(City/State/Zip/Phone #)
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		ration Section of Corpo					
end ie		IZZA MOD					
SOBJEC	.I: <u> </u>			ed Liability Company			
The enclo	osed A	rticles of Ar	mendment and fee(s) are subm	itted for filing.			
Please ret	turn al	l correspond	ence concerning this matter to	the following:			
			FRANCO GRIECO				
				Name of Person			
			PIZZA MODA LLC				
SUBJECT The enclose Please return FRANCO				Firm/Company			
			2749 NE IST STREET				
				Address			
			POMPANO BEACH, FL 33062				
			frankgrieco99@gmail.com	16.6.	-		
				be used for future annual repo	Thouncation)		
For furthe	er info	rmation con	cerning this matter, please call	l:			
FRANCO	O GRI	ECO		954 805-64 at ()			
		Name of P	erson	Area Code D	aytime Telephone Number		
Enclosed	is a cl	neck for the	following amount:				
\$25.0	00 Filii	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 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 MODA LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L17000210706</u> .	pany were filed on 10/11/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "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 ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, <u>er</u> <u>s here</u> :	nter the name of the ne
Name of New Registered Agent:		- Se
New Registered Office Address:	Enter Florida street address	0 AN 6 (1)
	, Florid:	1 S1/
N	City	Zip Č yde
New Registered Agent's Signature, if changing Registered As	<u>gent:</u>	

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>	<u>Address</u>	Type of Action
MGR	FRANCO GRIECO	2749 NE IST STREET, POMPANO BEACH, FL 33062	⊟ Add
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fan ef <u>Note:</u>	ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, the ent's effective date on the Department of State's records.	ional) or filing.) Pursua is date will no	nt to 60 t be lis	5.0207 ted as
е ге	ord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed.	a.m. on the	e earl	ier of
The	1			
The	OCTOBER 13TH 2017			
The Dated	OCTOBER 13TH 2017 Signature of a member or authorized representative of a member			

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Filing Fee: \$25.00