

L180000\$7164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

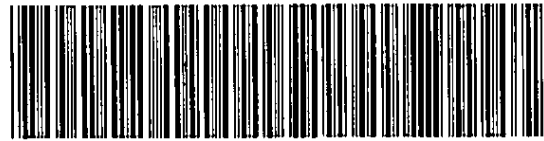
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received
08/11

Office Use Only 08/13/21
S.C.



900365297919

05/17/21--01049- 012 **35.00

JUL 11 AM 11:24

CLERK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2021

FATOS CALA
2318 SEVEN SPRINGS BLVD
NEW PORT RICHEY, FL 34655

SUBJECT: OLIVIA'S SUBS & PIZZA LLC
Ref. Number: L18000087164

We have received your document for OLIVIA'S SUBS & PIZZA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham
OPS

Letter Number: 821A00014049

Attached is the correct Form

2021 AUG 11 PM 4:23

RECEIVED

JUL 1, 11:24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OLIVIA'S SUBS & PIZZA 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:

FATOS CALA

Name of Person

OLIVIA'S SUBS & PIZZA LLC

Firm/Company

2318 SEVEN SPRINGS BLVD

Address

NEW PORT RICHEY, FL 34655

City/State and Zip Code

CALAFATOS54@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FATOS CALA

727 261-6007
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OLIVIA'S SUBS & 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 Liability Company were filed on _____ and assigned Florida document number _____.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

FATOS CALA

New Registered Office Address:

2318 SEVEN SPRINGS BLVD

Enter Florida street address

NEW PORT RICHEY

City

Florida

34655

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ELONA LEKA	2318 SEVEN SPRINGS BLVD	<input type="checkbox"/> Add
		NEW PORT RICHEY	<input checked="" type="checkbox"/> Remove
		FL 34655	<input type="checkbox"/> Change
MGRM	FATOS CALA	2318 SEVEN SPRINGS BLVD	<input checked="" type="checkbox"/> Add
		NEW PORT RICHEY	<input type="checkbox"/> Remove
		FL 34655	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

