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COVER LETTER

TO: Registration 8 Division of Co		•	
Capital Pi SUBJECT:	zza Dreams LLC	2.0	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	James Marshall Conner		
		Name of Person	- , - , - ,
	Capital Pizza Dreams LLC	, DBA Five Star Pizza	
		Firm/Company	
	1505 Governor's Square Bl	vd. Suite 2	
		Address	
	Tallahassee, Florida, 32301		
	Connerj1789@gmail.com	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notifi	cation)
For further information	concerning this matter, please ea	all:	
James Conner		904 347-9002 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, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F4, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Capital Pizza Dreams, 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 $\frac{07/31/2018}{}$ and assigned Florida document number 1.18000182924 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Erik J Wehner EA, CFP® Name of New Registered Agent: 2110 Park Ave New Registered Office Address: Enter Florida street address Orange Park

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.

City

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	James Marshall Conner	600 Victory Garden Dr., Apt. J-77, Tallahassee, Florida, 32301	🖹 Add
			□ Remove
Robert Clary MGT	Robert Clary		Change
		1045 Blanding Blud 208	🗖 Add
		Gronge Pork FL 32065	■ Remove
			🗅 Change
		□ Add	
			Remove
			Change
	 		🗆 Add
			☐ Remove
			Change
		□ Add	
			☐ Remove
			Change
- · · · · · ·			
			□ Remove
			Change

E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated
Signature of a member or authorized representative of a member
James Marshall Connet

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Filing Fee: \$25.00