

L19000000 7214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

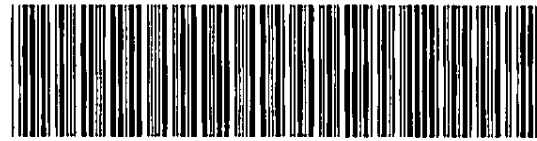
(Business Entity Name)

(Document Number)

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FILED
2019 MAR 18 P 4 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
MAR 27 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BROOKLYN PIZZERIA 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:

BINOOBKUMAR SREDHARAN

Name of Person

BROOKLYN PIZZERIA LLC

Firm/Company

5203 CORTEZ RD, UNIT # 5

Address

BRADENTON, FL 34210

City/State and Zip Code

binoobsreedharan@yahoo.com

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

For further information concerning this matter, please call:

BINOOBKUMAR SREDHARAN

941 286 7912
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/COURIER ADDRESS:

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

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

FILED

BROOKLYN PIZZERIA LLC

(Name of the Limited Liability Company as it now appears on our records) **PS 23**
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/04/2019 **SECRETARY OF STATE**
TALLAHASSEE, FLORIDA and assigned
Florida document number L19000007214.

This amendment is submitted to amend the following:

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

NOT APPLICABLE

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:

HARIKUMAR BALAKRISHNAPILLAI

New Registered Office Address:

11819 VALHALLA WOODS DR

Enter Florida street address

RIVERVIEW

City

Florida 33579

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>
MGR	RAJAMMA, SREELEKHA	11819 VALHALLA WOODS DR	<input type="checkbox"/> Add
		RIVERVIEW, FL 33579	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HARIKUMAR BALAKRISHNAPILLAI	11819 VALHALLA WOODS DR	<input checked="" type="checkbox"/> Add
		RIVERVIEW, FL 33579	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BINOOBKUMAR SREDHARAN	2748 SUNCOAST LAKES BLVD	<input checked="" type="checkbox"/> Add
		PUNTA GORDA, FL 33980	<input type="checkbox"/> Remove
			<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 type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NOT APPLICABLE

02/01/2019

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated FEBRUARY 21 2019

Signature of a member or authorized representative of a member

BINOOBKUMAR SREDHARAN

Typed or printed name of signee