# 119000028133

(Re	equestor's Name)	
(A	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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TALLAHASSEE, FLOPION

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### **COVER LETTER**

Divi	ision of Corpo	orations			
SUBJECT:	Tampa Bay P	izza LLC			
SUBJECT		Name of Limit	ted Liability Company	<del></del>	
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspond	lence concerning this matter t	o the following:		
		Aaron Ward			
			Name of Person		_
			Firm/Company		_
		2924 51st Ave S			
		_	Address		<del>-</del>
		Saint Petersburg, FL 33712			
			City/State and Zip Code		_
		E-mail address: (to	be used for future annual re	eport notification)	
For further in	formation con	cerning this matter, please cal	II:		
Andre Leake			813 490- at ()	-6221 Daytime Telephone Numbe	
	Name of P	erson	Area Code	Daytime Telephone Number	er
Enclosed is a	check for the	following amount:			
<b>⊠</b> \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific Certific	ate of Status &

TO:

Registration Section

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

Tampa Bay Pizza LLC		
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
	ibility Company were filed on 02/04/2019	and assigned
Florida document number L19000028133	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	(OX)	
		7019 7019
		CU / 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
	r registered office address on our records, c	
registered agent and/or the new registered offi	<u>ice address here</u> :	28 <b>2</b> 8
		PA PA
Name of New Registered Agent:		
New Registered Office Address:		ATE DRILL
	Enter Florida street address	
	, Florid	
	City	Zio 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>	Address	Type of Action
Title	Aaron Ward	2924 51st Ave S St. Petersburg, FL 33712	Add
		<del></del>	■ Remove
Patrick Ruddell	Patrick Ruddell	27653 Mulholland CT. Wesley Chapel, FL 33544	■ Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			Remove
			□ Change

	09/10/2019
(If an ei <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	10/2/2019
	Andre Lucke Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Aaron Ward

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Typed or printed name of signee

Filing Fee: \$25.00