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Division of Corporations

Fax Number : (850)617-6383

From:

: LEOPOLD, KORN & LEOPOLD P.A. Account Name

Account Number : I20010000025

Phone

: (786)899-2235

Fax Number

: (305)935-9642

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: wadeb1130@aol.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE PIZZA SPOT, LLO

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	13			
THE PIZZA	SPOT LLC		201	
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	1 our records.)	APR	41(34)
The Articles of Organization for this Limited Liability Company	were filed on Febru	ягу 4, 2019	and assign	ed !
Florida document number L19000033883			SEE SEE	
This amendment is submitted to amend the following:			9: 01 E.F.L.	
A. If amending name, enter the new name of the limited liabi	lity company here:	<b>:</b>	ाक <b>*</b>	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company " the design	enation "LLC" or the	abbreviation LL.C	17
•		,		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	.			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		<del>, </del>		·
•	- :			
B. If amending the registered agent and/or registered of	fice address on o	ur records, ent	er the name of	the new
registered agent and/or the new registered office address here			•	
Name of New Registered Agent:	1			
	li			
New Registered Office Address:	Enter Florida	street address		
		. Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	y duties, and I a apter 605, F.S. C	m familiar with a Or, if this docume	ınd
	1;			

If Changing Registered Agent, Slonature of New Registered Agent

or removed from our records:  MGR = Manager AMBR = Anthorized Member  Title Name Address  MGR WADE BEECHER 7640 NW 5th Avenue Plantation, FL 33324	
WADE BEECHER 7640 NW 5th Avenue	
	Type of Action
	_ <b>⊜ A</b> dd
	Remove
	Change
	_[i] Add
	_□ Remove
	Change
	_□ Add
l:	Remove
	_D Change
	_□ Add
	_□ Remove
	_□ Change
	_□ Add
	_□ Remove
	_ Change
	_D Add
	□ Remove
	□ Change