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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DIANA MEYER, P.L. Account Number : 120110000047

Phone : (954)393-4628 Fax Number : (866)313-6847

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

Email Address: Diana @McycrAdvisorGroup. Com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAMPA PIZZA COMPANY, LLC

Certificate of Status	0
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K. SALY

MAY - 7 2025

H720001625819

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

FILED
2025 MAY -6 PM 3: 13
TALLAMASSEE, FLORIO:

TAMPA PIZZA COMPANY, 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 Compar	y were filed on <u>02/19/2019</u>	and assigned
Florida document number 1,19000049270		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street ad	dress
	. Florida	
	Cny	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.

## 1270711A775012

☐ Change

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

Title	Name	Address	Type of Action
MGRM	SUSAN SANTELL	13478 BATTEN LANE	_ <b>m</b> Add
		ODESSA, FL 33556	_ DRemove
			_ □Change
			- DAdd
			Conneval S
			□ Add Paris P. P. Change
			_ □Remove
			Change
A11-40-1-PRINTERS			_ 🗇 Add
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## H250001652813

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and the second s		
E. Effective date, if other than	the date of filing:  must be specific and cannot be prior to date of filing or unite than	(optional)
Note: If the date inserted in the	s block does not meet the applicable standary filing require Department of State's records.	rements, this date will not be fisted as the
f the record specifies a delayed effection is filed.	ctive date, but not an effective time, at 12:01 a.m. on the c	arlier of: (b) The 90th day after the
Dated May 5	2025	
Mull Ef	Senature of a member or authorized representative of a mem	nber
RALPH SANTELL		

Filing Fee: \$25.00