

L19000071391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

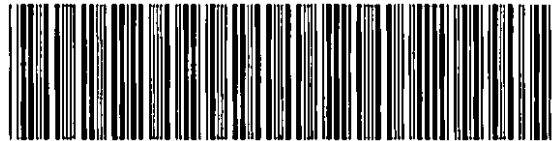
(Business Entity Name)

(Document Number)

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04/23/19--01015--004 **25.00

FILED
2019 APR 23 PM 3:54
H. J. JONES, JR.
CLERK OF COURT
JACKSONVILLE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CYRIL'S PIZZA HOUSE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDEW ABDELSAYED

Name of Person

Firm/Company

5906 TIVOLI GARDENS BLVD

Address

ORLANDO, FL 32829

City/State and Zip Code

jan.elboghdady@gmail.com

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

For further information concerning this matter, please call:

JAN ALBOGHDADY

440 381-6326
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**

CYRIL'S PIZZA HOUSE LLC

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

FILED
2019 APR 23 PM 3:54
M.C. ROSE, FLA.

The Articles of Organization for this Limited Liability Company were filed on 03/13/2019 and assigned:
Florida document number L19000071391.

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 "L.L.C."

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:

Name of New Registered Agent:

ANDREW ABDELSAYED

New Registered Office Address:

5906 TIVOLI GARDENS BLVD

Enter Florida street address

ORLANDO

City

Florida 32829

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.

x ANDREW Abdel Sayed

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	ADEL A ABDELMASSEH	5906 TIVOLI GARDENS BLVD ORLANDO, FL 32829	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDREW ABDELSAYED	5906 TIVOLI GARDENS BLVD ORLANDO, FL 32829	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(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)

Dated 04-18-2019.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2019 APR 23 PM 3:54
TALLAHASSEE, FL