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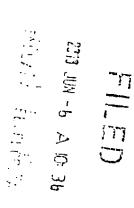
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Cor | porations | | | |
|-----------------------------|---|---|------------------|-------------------|
| | IZZA HOUSE LLC | | | |
| SUBJECT: | Name of Limi | ited Liability Company | | |
| | | | | 5- 73 |
| The enclosed Articles of . | Amendment and fee(s) are sub- | mitted for filing. | | 201 EUR -6 |
| Please return all correspo | ndence concerning this matter | to the following: | | - I |
| | | _ | | . o- |
| | ANDEW ABDELSAYED AND PARTY | | | - > - 5 - 9 |
| | term use | Name of Person | | |
| | | Firm/Company | | - |
| | 5906 TIVOLI GARDENS | BLVD | | |
| | | Address | | - |
| | ORLANDO, FL 32829 | | | |
| | androbroz@gmail.com | City/State and Zip Code | | - |
| | E-mail address: (| to be used for future annual report notifi | ication) | |
| For further information of | oncerning this matter, please ca | all: | | |
| ANDEW ABDELSAYE | D | 440 454-5086 at () | | |
| Name o | f Person | Area Code Daytime | Telephone Number | |
| Enclosed is a check for the | ne following amount: | | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | ite of Status & |
| Registr Divisio | ING ADDRESS: ation Section n of Corporations ox 6327 | STREET/COURI Registration Section Division of Corpora Clifton Building | n | |

2661 Executive Center Circle Tallahassee, FL 32301

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

CADITIC DISTA HOUSE LLC

| (A F) | ability Company as it now appears on our recording Limited Liability Company) | <u>'ds.</u>) |
|---|---|----------------------------------|
| (73.1 14 | orda Ennica Flaority Company) | |
| The Articles of Organization for this Limited Liability Florida document number $\frac{L19000071391}{L19000071391}$ | ty Company were filed on 03/13/2019 | and assigned |
| This amendment is submitted to amend the following | Ř: | -0 |
| A. If amending name, enter the new name of the | limited liability company here: | > J |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LL | C" or the abbreviation - L.L.C." |
| Enter new principal offices address, if applicable: | : | |
| (Principal office address MUST BE A STREET AI | DDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | 0 | |
| | engistered office address on our recomme | de enter the name of the n |
| | | us, enter the hame of the h |
| | | us, enter the name of the n |
| registered agent and/or the new registered office : | address here: | |
| Name of New Registered Agent: | | |
| | address here: Enter Florida street addr | |

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> | | Type of Action |
|--------------|------------------|---|-----|----------------------|
| MGR | JAN S ELBOGHDADY | 5906 TIVOLI GARDENS BLVD ORLANDO, FL 32829 | | Add |
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| ective date, if other than the date a effective date is listed, the date must be sp | of filing: 6/3 | 12019 | | ptional) | | |
| te: If the date inserted in this block do | oes not meet the app | licable statutory f | er more than 90 days Hing requirements. | after filing.) I this date w | Pursuant to 605. ill not be liste | .0207 ed as |
| cument's effective date on the Departn | nent of State's recor | ds. | | | | |
| record specifies a delayed effe | ective date, but i | not an effectiv | e time, at 12:0 |)1 a.m. o | n the earlie | er of |
| he 90th day after the record is | s filed. | | , | | | |
| red 6 /3/2019 | | | | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00