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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: PZZA GR	OUP, LLC			
SUBJECT.	Name of Lim	ited Liability Company		
77				
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Jacylyn Sanchez			
		Name of Person		
	Paris Ackerman LLP			
		Firm/Company		
	103 Eisenhower Parkway			
		Address		
	Roseland, New Jersey 07068			
		City/State and Zip Code		
	rickywarman@gmail.com			
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
Ricky Warman		305 663-1750 at ()		
Name (of Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a check for t	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)	
MAIL	JNG ADDRESS:	STREET/COURH	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pzza Group, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000113253	y were filed on April 25, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		19 SEL
		22 E 70
		75 1 72
Enter new mailing address, if applicable:		
•••		-1 -1
Mailing address MAY BE A POST OFFICE BOX)		
		<u>=</u>
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City	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.

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	Jhonny Mercado	1100 Park Central Blvd South, Suite 3300	
		Pompano Beach, Florida 33064	■ Remove
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of file of the date inserted in this block does not meet the applicable statuto	ing or more than 90 days after filing.) Pursuant to 605,020
ocument's effective date on the Department of State's records.	
proceed appointing a delayed effective data but as affective	-
e record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier o
ated 6/27/19	
A2. Warm	
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Typed or printed name of signee

Filing Fee: \$25.00