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2019 OCT 23 PH 3: 23

## **COVER LETTER**

TO:	Registration Se Division of Cor				
	PZZA GRO	OUP, LLC	a e		
SUBJE	C1:	Name of Lin	ited Liability Company	<del></del>	
The enc	losed Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		Samantha O'Neill			
			Name of Person		
		Paris Ackerman LLP			
			Firm/Company		
		103 Eisenhower Parkway			
			Address	<del></del>	
		Roseland, New Jersey 070	68		
			City/State and Zip Code		
srahn@parisackerman.com					
		E-mail address: (	to be used for future annual report notifi	cation)	
For furt	her information co	oncerning this matter, please c	all:		
Ricky V	Ricky Warman 305 663-1750				
	Name of	Person	Area Code Daytime	Telephone Number	
Enclose	d is a check for th	e following amount:			
<b>■</b> \$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)	

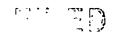
MAILING ADDRESS:

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



2019 OCT 23 PM 3: 23

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

(A) Frida Chine	monny company)		•
The Articles of Organization for this Limited Liability Company	were filed on April	25, 2019	and assigned
Florida document number L19000113253			_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:	:	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company." the desig	gnation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)	-		<u> </u>
		<del></del>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ar records, <u>enter th</u>	e name of the nev
-	-		
Name of New Registered Agent:			
New Registered Office Address:			
New Neglacied 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 agr 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	duties, and Lam fan opter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jordan Dorsch	2904 W. Alline Ave., Tampa, Florida 33611	
			☐ Remove
			☐ Change
MGR	Wade Oney	5518 Osprey Isle Lane, Orlando. Florida 32819	
			Remove
			Change
	<del></del>		□ Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
		<del></del>	Add
			□ Remove
			Change
			☐ Remove
			□ Change

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						<del></del>
F Effor	ctive date, if other tha	n the date of filis	na.		(ontional)	
Note:	:ffective date is listed, the date.  If the date inserted in to ment's effective date on	his block does not	meet the applicable	late of filing or more than e statutory filing require	(optional) O days after filing.) Pursuant timents, this date will not be	to 605 0207 (3)( be listed us the
	ecord specifies a de le 90th day after the			n effective time, a	t 12:01 a.m. on the	earlier of:
Dated	o Oct		. 2019			
		10/1	Jacon	ed representative of a mer		

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Typed or printed name of signee

Filing Fee: \$25.00