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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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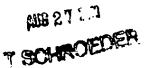
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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor					
C11D 112		ZA SHOP, LLC				
SUBJE	CI:	Name of Limi	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	nitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		FREDERIC E. WACZEWS	SKI, ESQ.			
Name of Person LAW OFFICE OF FREDERIC E. WACZEWSKI, P.A.						
Firm/Company						
6996 PIAZZA GRANDE AVE., SUITE 311						
	Address ORLANDO, FLORIDA 32835					
		FREDW@FREDFLORIDA	City/State and Zip Code LAW.COM	 		
		E-mail address: (t	o be used for future annual report notifi	cation)		
For furt	her information co	oncerning this matter, please ca	ill:			
FREDE	RIC E. WACZEV	VSKI, ESQ.	407 999-4957 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclose	d is a check for th	e 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

TO:

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

LBV PIZZA SHOP, 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 Company were filed on MAY 6, 2019 and assigned Florida document number _____19000122942 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 "LLC." 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: New Registered Office Address: Enter Florida street address _, Florida __ City

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	RUBENS AUGUSTO JUNIOR	5411 INTERNATIONAL DRIVE ORLANDO, FL 32819	⊟ Add
			Remove
		- 	☐ Change
MGR	ANTONIO CARLOS DE OLIVEIRA	5411 INTERNATIONAL DRIVE ORLANDO, FL 32819	■ Add
			Remove
			Change
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Typed or printed name of signee

Filing Fee: \$25.00