

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	ML.
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
•	

Office Use Only



300335950073

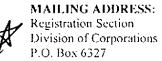
10/24/19--01018--008 **25.00

Anund

NOV 2 1 2019 I ALBRITTON

COVER LETTER

то:						
CIIDI		A SHOP, LLC				
SUBJ	ECT:	Name of Lim	ited Liability Company			
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	e return all correspo	ndence concerning this matter	to the following:			
		Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following: FREDERIC E. WACZEWSKI Name of Person LBV PIZZA SHOP, LLC Firm/Company 6996 PIAZZA GRANDE AVE., SUITE 311 Address ORLANDO, FLORIDA 32835 City/Nate and Zip Code FREDW@FREDFLORIDALAW.COM E-mail address: (to be used for future annual report notification) or information concerning this matter, please call: IC E. WACZEWSKI Name of Person Area Code Daytime Telephone Number is a check for the following amount:				
			Name of Person			
		LBV PIZZA SHOP, LLC				
Firm/Company						
6996 PIAZZA GRANDE AVE., SUITE 311						
			Address			
		ORLANDO, FLORIDA 32	2835			
		FREDW@FREDFLORIDA				
		E-mail address: (to be used for future annual report notific	cation)		
For fi	irther information co	oncerning this matter, please ca	all:			
FREI	DERIC E. WACZEV	WSKI	• • • • • • • • • • • • • • • • • • • •			
Name of Person		f Person	Area Code Daytime	Telephone Number		
Enclo	sed is a check for th	ne following amount:				
	25.00 Filing Fee	□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy		



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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	any as it now appears on our reco Liability Company)	ords.)	
he Articles of Organization for this Limited Liability Company lorida document number 1.19000122942 his amendment is submitted to amend the following:		and assigned	
. If amending name, enter the new name of the limited liab	oility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	J.C" or the abbreviation "L.I. C."	
Enter new principal offices address, if applicable:	15711 SOUTH APOPKA-VINELAND ROAD		
Principal office address MUST BE A STREET ADDRESS)	UNIT K3, SUITE 2		
	ORLANDO, FLORIDA 328	321	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8112 POINCIANNA BLVI ORLANDO, FLORIDA 328		
B. If amending the registered agent and/or registered of		rds, enter the name of the	
Name of New Registered Agent: New Registered Office Address:			
Name of New Registered Agent:	E nter Florida street add	Iress	
	Enter Florida street ada	lress Florida Zip Code	

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, <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>	<u>Address</u>	Type of Action
AMBR	LUCIANO SILVA	8112 POINCIANNA BLVD., SUITE C5, ORLANDO, FL 32821	⊟ Add
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change

				
				
		·		
		 -		
				
ective date, if other than the one effective date is listed, the date must	ate of filing:	riar to data of filing or mo	(optional)	remant to 605 020
te: If the date inserted in this blo-	k does not meet the app	licable statutory filing		
cument's effective date on the Dep	partment of State's reco	ds.		
record specifies a delayed	offective data, but	not an effective ti	ma at 12:01 a.m. on	the earlier
The 90th day after the reco		noc an enective ti	ne, at 12.01 a.m. on	and carrier
CYCYCOLUB 21	2010			
ted OCTOBER 21,	. 2019	·		
	<u> </u>	uthorized representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00