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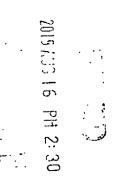
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## **COVER LETTER**

| то:            |          | stration Sect<br>ion of Corpo |   |   |  |
|----------------|----------|-------------------------------|---|---|--|
| SUBJE          | Ст.      | Buckeye Pizz                  | a, LLC  |   |  |
| ., 0 0, 1,     | C 1 · _  |                               | Name of Limit                                   | ted Liability Company   |  |
| The enc        | losed /  | Articles of Ar                | mendment and fee(s) are subn                    | nitted for filing.  |  |
| Please re      | eturn a  | ll correspond                 | dence concerning this matter to                 | o the following:  |  |
|                |          |                               | Justin Sherman                                  |   |  |
|                |          |                               | Buckeye Pizza, LLC                              | Name of Person  |  |
|                |          |                               | 247 Topsail Dr                                  | Firm/Company  | <del></del>  |
|                |          |                               | Ponte Vedra, FL 32081                           | Address   |  |
|                |          |                               | justinsherman17@gmail.com                       | City/State and Zip Code   | <del></del>  |
|                |          |                               | E-mail address: (to                             | be used for future annual report notificat                          | ion)   |
| For furth      | er infè  | ormation con                  | cerning this matter, please cal                 | II:   |  |
| Justin SI      | nermai   |                               | <del></del>                                     | 330 212-1977<br>at ()   |  |
|                |          | Name of Po                    | erson   | Area Code Daytime Te  | lephone Number   |
| Enclosed       | l is a c | heck for the f                | following amount:                               |   |  |
| <b>■</b> \$25. | 00 Fili  | ng Fee                        | □ \$30.00 Filing Fee &<br>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:

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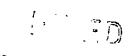
TO:

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 AUG 16 PH 2: 30 Buckeye Pizza, 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 7/16/2019 and assigned Florida document number \_\_\_\_\_\_19000183313 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 "L.L.C." 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 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>    | Address                                | Type of Action |
|--------------|----------------|--|----------------|
| AMBR         | Justin Sherman | 247 Topsail Dr Ponte Vedra FL<br>32081 | <b>≅</b> Add   |
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|   |                                      | 07/17                             | <sup>2</sup> /2019 |               |                  |             |             |
| Effective date, if other that if an effective date is listed, the date inserted in document's effective date on | ate must be speci<br>this block does | fic and cannot be<br>not meet the | applicable sta     |               | than 90 days aft |             |             |
| ne record specifies a de<br>The 90th day after th   |                                      |                                   | ut not an e        | effective tim | e, at 12:01      | a.m. on the | earlier of  |
| Dated August 13   |                                      | 2019                              |                    |               |                  |             |             |
| wateu   |                                      | ,                                 | •                  |               |                  |             |             |

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