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(Business Entity Name)

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19 OCT 31 AM 8:15  
CLERK OF COURT  
CLERK OF COURT

DEC 04 2019  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GOD'S OWN PIZZA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SREELEKHA RAJAMMA

Name of Person

GOD'S OWN PIZZA LLC

Firm/Company

3306 WEST MANATEE AVE

Address

BRADENTON, FL 34205

City/State and Zip Code

sjoichan@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SREELEKHA RAJAMMA

at ( 941 ) 769 1349

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

### 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**

GOD'S OWN PIZZA LLC

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

FILED  
19 OCT 31 AM 8 15  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/12/2019 and assigned  
Florida document number L19000205611.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NOT APPLICABLE

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

*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 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>	<u>Type of Action</u>
MGR	SASHIDHARAN JOSHI	21032 RIDDLE AVE	<input checked="" type="checkbox"/> Add
		PORT CHARLOTTE, FLORIDA	
		33954	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

NOT APPLICABLE

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated SEPTEMBER 24, 2019

SREELEKHA RAJAMMA

**Filing Fee: \$25.00**