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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

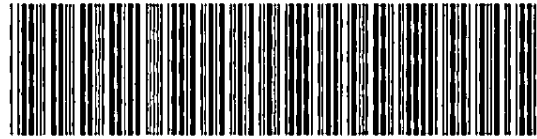
(Business Entity Name)

(Document Number)

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2021 SEP 20 PM 12:06

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SEP 20 2021

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pizzeria Lounge 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:

Jason S Turner

Name of Person

Pizzeria Lounge LLC

Firm/Company

403 Sanford Avenue

Address

Sanford, FL 32771

City/State and Zip Code

service@exactplumbinginc.com

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

For further information concerning this matter, please call:

Jason Turner

407 688-2317

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2021

JASON S. TURNER
403 SANFORD AVENUE
SANFORD, FL 32771

SUBJECT: PIZZERIA LOUNGE LLC
Ref. Number: L19000305688

We have received your document for PIZZERIA LOUNGE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The form you submitted is for a Foreign Limited Liability Company, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 721A00022043

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2021 SEP 20 PM 12:06

Pizzeria Lounge 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 12/16/2019 and assigned
Florida document number L19000305688.

This amendment is submitted to amend the following:

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

Off The Leash Subs and Dogs, LLC

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:

412 S Sanford Avenue

(Principal office address MUST BE A STREET ADDRESS)

Sanford, FL 32771

Enter new mailing address, if applicable:

305 E 4th Street Unit 101

(Mailing address MAY BE A POST OFFICE BOX)

Sanford FL 32771

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:

Jason S Turner

New Registered Office Address:

305 E 4th Street Unit 101

Enter Florida street address

Sanford

Florida 32771

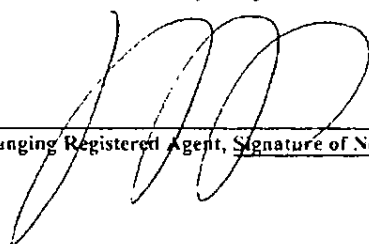
City

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



MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

We are only changing the name and address.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 005.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 16, 2021

~~Signature of a member or authorized representative of a member~~

~~Jaschke~~ ~~Türner~~

Typed or printed name of signee