L200000 13319

| (Requestor's Name) | |
|---|-----------|
| (Address) | 90034 |
| (Address) | |
| (City/State/Zip/Phone #) | 04/13/20- |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

| CONTRA LES COMO | LICE PIZZA LLC | | |
|---------------------------------|---|---|--|
| | Name of Lir | nited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sul | omitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | PHILIP JOSEPHSON | | |
| | | Name of Person | |
| | STERLING BUSINESS I | LAW | |
| | | Firm/Company | |
| | 2665 S. BAYSHORE DR | IVE, PH2B | |
| | | Address | - |
| | MIAMI, FL 33133 | | |
| | | City/State and Zip Code | |
| | pjosephson@sterlingbusine | esslaw.com | |
| | E-mail address: (| to be used for future annual report not | fication) |
| For further information c | oncerning this matter, please c | all: | |
| PHILIP JOSEPHSON | | 305 2857970 | |
| Name o | f Person | at ()at () | e Telephone Number |
| Enclosed is a check for th | ne 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 Addres Registration S | | Street Address: | otion |
| Division of C | | Registration Sec Division of Cor | |
| P.O. Box 632 | | The Centre of T | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

MIAMI SLICE PIZZA LLC

| (Name of the Lim | ted Liability Company as it (A Florida Limited Liability | now appears on our records.) Company) | |
|--|---|--|----------------------------|
| The Articles of Organization for this Limited L Florida document number <u>L20000013319</u> | iability Company were i | iled on <u>1/7/2020</u> | and assigned |
| This amendment is submitted to amend the fol | lowing: | | - |
| A. If amending name, enter the new name of | of the limited liability co | ompany here: | |
| The new name must be distinguishable and contain the | words "Limited Liability Con | npany," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applie | cable: | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | <u>BOX)</u> | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | s on our records, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | 3509 NE 2nd AVE. | | |
| | • | Enter Florida street address | · |
| | MIAMI | Florid | la <u>33137</u> |
| | Ci | ty | 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 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 |
|--------------|-------------|----------------|----------------|
| | _ \ | | □Add |
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| (If an ef Note: | ive date, if other than the date of filing: |
| he recor ord is fi | d 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 led. |
| Dated | APRIL 2 2020 |
| | 11/MXxx/1/ |
| | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00