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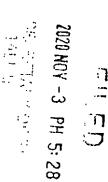
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

VILL/	AGES PIZZA GROUP LLC		
30ban,er	Name of Lit	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corr	espondence concerning this matter	r to the following:	
	BRENT HANSON		
	<del></del>	Name of Person	
	VILLAGES PIZZA GRO	UP LLC	
		Firm/Company	
	6735 CONROY ROAD S	TE 210	
Address			
	ORLANDO FL 32835		
		City/State and Zip Code	
	E-mail address:	to be used for luture annual report not	itication)
For further information	on concerning this matter, please c		,
BRENT HANSON		407 313-2103	
Nan	ne of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check fo	or the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Add Registratio	n Section	Street Address: Registration Sec	
P.O. Box 6	f Corporations 3327	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **COVER LETTER**

Section Orporations			
ES PIZZA GROUP LLC			
Name of Li	mited Liability Company		
f Amendment and fee(s) are su	ibmitted for filing.		
	-		
BRENT HANSON			
<del></del>	Name of Person		_
VILLAGES PIZZA GRC	UP LLC		s 25
	Firm/Company	<del></del>	720
6735 CONROY ROAD S	TE 210		2020 NOV -3
	Address		
ORLANDO FL 32835			PH (
	City/State and Zip Code		5: 28
E-mail address:	(to be used for future annual report noti	tication)	
concerning this matter, please of	eail:		
	407 313-2103		
f Person	Area Code Daytim	e Telephone Number	<del> </del>
he following amount:			
S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifical Certified	te of Status &
	Street Address: Registration Sec	stion	
orporations			
	The Centre of T	allahassee	
	ES PIZZA GROUP LLC  Name of Li  f Amendment and fee(s) are subondence concerning this matter  BRENT HANSON  VILLAGES PIZZA GRO  6735 CONROY ROAD S  ORLANDO FL 32835  E-mail address: concerning this matter, please of Person  the following amount:  S 30.00 Filing Fee & Certificate of Status  SECONDO FILING FEE & Certificate of Status  SECONDO FILING FEE & CERTIFICATION FEE & CERTIFICAT	PER PIZZA GROUP LLC  Name of Limited Liability Company  If Amendment and fee(s) are submitted for filling.  Prondence concerning this matter to the following:  BRENT HANSON  Name of Person  VILLAGES PIZZA GROUP LLC  Firm/Company  6735 CONROY ROAD STE 210  Address  ORLANDO FL 32835  City/State and Zip Code  E-mail address: (to be used for future annual report not concerning this matter, please call:  Area Code  The following amount:  S30.00 Filling Fee & Certified Copy (additional copy is enclosed)  SEE  Section  Orporations  7  Street Address:  Registration Secont orporations  Division of Corp.  The Centre of T	FOR PERSON  Fame of Limited Liability Company  FAmendment and fee(s) are submitted for filling, bondence concerning this matter to the following:  BRENT HANSON  Name of Person  VILLAGES PIZZA GROUP LLC  Firm/Company  6735 CONROY ROAD STE 210  Address  ORLANDO FL 32835  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  at (407 ) 313-2103  Area Code  Daytime Telephone Number Certificate of Status  Certificate Copy (additional copy is enclosed)  Size Address:  Registration Section Orporations  The Centre of Tallahassee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VILLAGES PIZZA GROUP LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on MARCH 14, 2020	and assigned
Florida document number L20000082399	·	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		920 1020
Principal office address MUST BE A STREET ADD	RESS)	2020 NOV
		$\omega$
		PRI
Enter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		28
3. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	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

H 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>	Name	Address	Type of Action
MGR	RJM PARTNERS INC	14236 TENNESSEE AVE	□Add
		ASTATULA FL 34705	
			□Change
MGR	ROGER MELLEN	14236 TENNESSEE AVE	<b>≘</b> Add
		ASTATULA FL 34705	□Remove
			□Change
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	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective date is list Note: If the date inst	her than the date of filing:
f the record specifies a de ecord is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
OCTOBER 30	2020
8	
_ 5 /	Signature of a member or authorized representative of a member
BRENT H	IANSON
	Typed or printed name of signee

Filing Fee: \$25.00