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(Re	questor's Name)	
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COVER LETTER

SUBJECT: LA BOMA 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:
John Cilladi Name of Person
Nunzi's wood Fixed Cuisine (1)
2015 DATE PALM AUP Address
Tudy A La 21 < FL 32903 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tohn Clade Solve 19865 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Daytime Telephone Number Code Daytime Telephone Number
Enclosed is a check for the following amount: ZiS Wlood-Fired CullSING LLC
□ \$25.00 Filing Fee

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA BOMA PIZZA	Company as it now appears on o	ur records)
(A Florida	y Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Co		5/2070 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Nunzi's wood-fixed Cui	isine (cc	
The new name must be distinguishable and contain the words "Limi	ited Liabimy Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		`
(Mailing address MAY BE A POST OFFICE BOX)		:
<u> </u>		79
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet 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 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	
AMRR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		□Remove	
		☐ Change	
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an eff <u>Note:</u>	ive date, if other than the date of filing:
recor	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	Occember 28th. Zozo.
	Signature of a member or authorized representative of a member
	Signature of a memory of authorized representative of a memor