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COVER LETTER

	Registration Se Division of Cor				
CHD IE		LU'S NEW YORK STYLE PE	ZZA, LLC		
SUBJEC	.1;	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		AMRIT PAUL			
			Name of Person		
		DAWSON & VIRK, LLC			
			Firm/Company		
	134-20 ROCKAWAY BLVD				
			Address	·	
		SOUTH OZONE PARK,	NY 11420		
			City/State and Zip Code		
		APAUL@DANDVLLC.CC			
			to be used for future annual report notif	ication)	
For furth	er information e	oncerning this matter, please c	all:		
ROSEM	ARIE MORELI	.0	914 755-0600		
	Name o	f Person	at () Area Code Daytimo	: Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$25.0	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ARTICLES OF O	AMENDMENT O ORGANIZATION of	ecords.)
AUNT LULU'S NEW YORK STYLE PIZZA, LLC		2
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our r Jability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000123948}{1.20000123948}$	were filed on $\frac{MAY 07, 20}{}$	20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	19785 HAMPTON DR S	ГЕ В6
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 3343	4
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		****
New Registered Office Address:	Enter Florida street a	ddress
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter 6	s, and I am familiar with and 05. F.S. Or, if this document is

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:

	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
		<u></u>	□Add
			□Remove
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this bit document's effective date on the D	st be specific and cannot be p ock does not meet the ap	plicable statutory filing	(optional) re than 90 days after (iling.) Purs requirements, this date will	nuant to 605.0207 (3)(not be listed as the
ne record specifies a delayed effective ord is filed.	re date, but not an effectiv	re time, at 12:01 a.m. o	n the earlier of: (b) The 90t	h day after the
Dated	2020	·		
1	Signature of a member or a			
14 70 V				

Filing Fee: \$25.00

Typed or printed name of signee