

Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	JADY'S PIZZA	, LLC				
	Name of Lin	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
	ndence concerning this matter	_	Independent of Person Separation Junier Latoumachean			
rease retain an earrespo						
	ANA	HERPERA C/O Y	uniel Holmachea.			
	Firm/Company					
	13301	3W 204 Stree	7			
	Hiam	i, FL 33177				
		City/State and Zip Code	· / .			
	anah	errerall59@gm	ail. Com			
			fication)			
For further information c	oncerning this matter, please c	all:				
ANA HEA	RERA	at (305) 216-0	6209			
Name o	f Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for th	ne following amount:					
▼ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy			
Mailing Address			ation			
Registration S Division of C		Registration Sec Division of Cor				
P.O. Box 632	7	The Centre of T	allahassee			
Tallahassee, I	² L 32314	2415 N. Monro	e Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JANY'S	PIZZA, Lhe	2920 AU 25 AU 8: 58	
(Name of the Limited	Liability Company as it now ap Florida Limited Liability Compa	pears on our records.)	
The Articles of Organization for this Limited Liab	oility Company were filed or		and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company."	the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applical	ole:		<u></u>
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		<u>-</u>
		-	
B. If amending the registered agent and/or regagent and/or the new registered office address		ur records, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			
New Registered Office Address:	Euro	r Florida street address	
	Enic		
	City	, Florida	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>	Address 25 for 8: 58	Type of Action
MGR	JUSNIELYS CRUZ M	ACHIN 34596 SW 187 RD	DDAdd
	,	Lot 313. Homestead FLORIDA 33034	□Remove
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document's e		Sastina dua - Ella II	t an effective t	ime, at 12:01 a.	.m. on the c	earlier of: (b) The 90th da	y after the
record speci	fies a delayed effo							
e record speci rd is filed.		Signapare of a						