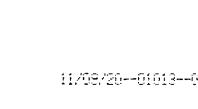
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only





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O SIMMONS DEC 15 2020

COVER LETTER

Division of Cor			
SUBJECT: GCS	ndma Penr	w's Pizza	_
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jessica	Name of Person	
	Grand ma	Penny's Pr	2-20
	4353 Hay	Acock Bridge	Pry #1
	n. Ft mye	City/State and Zip Code	903
	G G C C C	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Name of	Person	at (<u>330</u>) <u>486</u> Area Code Daytime	7037 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 Division of C	Section	Street Address: Registration Sec Division of Cor	

P.O. Box 6327

Tallahassee, FL 32314

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

(FCC) of 100	\bigcirc	2/2	023 NOV -9 PM	5: 40
(Name of the Limited			THE WEE	, FL
The Articles of Organization for this Limited Liab	ility Company	were filed on <u>10</u>	130/2020	and assigned
Florida document number				
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	ne limited liab	ility company here	: :	
The new name must be distinguishable and contain the word	Is "Limited Liabil	ity Company," the desi	gnation "LLC" or the	abbreviation "L.L.C,"
Enter new principal offices address, if applicab	le:	Jessice	L Doris	Dewn
(Principal office address MUST BE A STREET	ADDRESS)	4353 H	cock B.	cigo Dry #1
		n. Ft m	yers FC	33903
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	-		
				
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on our rec	ords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	Jessico	a Dorzs	Dear	
New Registered Office Address:	<u> 4353 \</u>	Hamcock Enter Florido	Bridge S	2xy #1
	N. Fr	vilyers Cin	, Florida _	33903 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 t un 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 hanging 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:

MGR = Manager AMBR = Authorized Member

ILED

<u>Title</u>	<u>Name</u>	Address	2023 NOV -9 PM 5	Type of Action
rector	<u>Jessica Doris Deun</u>	4353 Henricock	Sacretation of	THÌ6€Add FL
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i effec <u>te:</u> li	ctive date is listed, the fithe date inserted in	nan the date of filing; date must be specific and contact this block does not me in the Department of Sta	annot be prior tet the applica	o date of	filing or more than	90 days after fi	ling.) Pursu	
cord is file		effective date, but not a	n effective tin	ne. at 12	2:01 a.m. on the e	arlier of: (b)	The 90th	day after th
ted _(October	- 30 ,	2020	<u>-</u> .				
-	The.	Signature of a me						

Typed or printed name of signee