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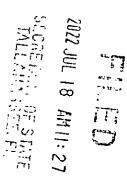
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office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



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COVER LETTER

| | egistration Se ivision of Cor | | | |
|------------------|----------------------------------|--|---|---|
| | | S PIZZA, LLC | | |
| SUBJECT | `: | Name of Lim | ited Liability Company | <u> </u> |
| The enclose | od Articles of | Amendment and fee(s) are sub | societed for filing | |
| | | ondence concerning this matter | _ | |
| | | SPIROS KOKOLIS | | |
| | | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | | DOMINIC'S PIZZA, LLC | | |
| | | | Firm/Company | |
| | | 2772 ALKCAM BOULEV | 'ARD | |
| | | | Address | |
| | | DELTONA, FL 32738 | | |
| | | | City/State and Zip Code | |
| | | yf@genfinco.com | | |
| | | | to be used for future annual report no | tification) |
| For further | information c | oncerning this matter, please c | all: | |
| SPIROS K | OKOLIS | | at () | |
| | Name o | f Person | Area Code Dayti | me Telephone Number |
| Enclosed is | s 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) |
| | lailing Addres | | Street Address: Registration S | ection |
| D | ivision of C | orporations | Division of Corporations | |
| | .O. Box 632 allahassee, I | | The Centre of 2415 N. Monre | Tallahassee oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOMINIC'S PIZZA, LLC

OF

ZZA, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company | 98/27/2020 08/27/2020 | OF STATE and assigned |
|---|-------------------------------|------------------------------------|
| Florida document number L20000267110 | were filed on | and assigned |
| Florida document number 222222222222222222222222222222222222 | | |
| 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 Liabil | ity Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 2772 Elkcam Boulevard | |
| (Principal office address MUST BE A STREET ADDRESS) | Deltona, FL 32738 | |
| | | |
| | | |
| Enter new mailing address, if applicable: | 2772 Elkcam Boulevard | |
| (Mailing address MAY BE A POST OFFICE BOX) | Deltona, FL 32738 | |
| | | |
| | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office ad <u>dress here</u> : | address on our records, | enter the name of the new register |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| 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 agr | ee to act in this capacity | . I further agree to comply with t |

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|----------------------------|----------------|
| AMBR | SPIROS KOKOLIS | 727 ALDENWOOD TRAIL | |
| | | NEW SMYRNA BEACH, FL 32168 | ■Remove |
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| | 07/11/2022 |
| ffecti | ve date, if other than the date of filing: |
| ote: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| ocum | ent's effective date on the Department of State's records. |
| | |
| recor Lis fil | I 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 ed. |
| | |
| ated | July 11 . 2022. |
| | 100000 C |
| | |

Typed or printed name of signee