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To:		
	Division of Cor	porations
	Fax Number	: (850)617-6383
From:		
	Account Name	: COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
	Account Number	: 128828088148
	Phone	: (561)844-3600
	Fax Number	: (561)842-4104
**Enter t	he email addres:	s for this business entity to be used for future
	ual report maili	ings. Enter only one email address please.**
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. 645	1 Addmacs	KD @ CohenNorris, com
GCT 2 J LEma	TT MUUIC221	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RIKO'S PIZZA JUPITER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

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10-23-20 09:52am	From-		1.7 mm	T-732 P.02/05 F-491 DU16/014-
TO: Registration Sec	tion B		1000-	s f
Division of Corp	orations			;
RIKO'S PIZ	ZA JUPITER, LLC			
SUBJECT:		ed Liability Company		
The last desired as of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspon	ndence concerning this matter t	o the following:		
	GREGORY R. COHEN, ES	SQ.		
		Name of Person		-
	Cohen Norris Wolmer Ray	Telepman Berkowitz Co	hen	
		Firm/Company		
	712 U.S. Highway One, Su	ite 400		
		Address		
		Address		
	North Palm Beach, FL 334	08		
		City/State and Zip Code		
	KD@COHENNORRIS.CO	M to be used for future annual		
			report dotticationy	
For further information o	oncerning this matter, please ca	all:		
Karin Drakas		561 84	4-3600	
Name c	of Person	at () Area Code	Daytime Telephi	sae Number
Enclosed is a check for t			·	CCO OO Cillian Eco
🗉 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	5 55.00 Filing Fee Certified Copy	& <u> </u>	\$60.00 Filing Fee, Certificate of Status &
		(udditional copy is en	closed)	Certified Copy (additional copy is enclosed)
Mailing Addre	55:	Street A	ddress:	
Registration Section			ration Section	
Division of Corporations			on of Corporation entre of Tallaha	
P.O. Box 63			N. Monroe Stree	
Tallahassee,	FL 32314		assee, FL 32303	

10-23-20 09:52am From- ARTICLE	S OF AMENDMEN I	T-782 P.03/05 F-481 H20000 3696723
-	TO	
ARTICLES	S OF ORGANIZATION	
	OF	
		2 1 192 mill: 54
RIKO'S PIZZA JUPITER, LC		
Name of the Limited Lizhili (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability (Company were filed on SEPTEMB	and assigned
Florida document number 120000297363		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
JUPITER THIN CRUST, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designatio	n "LLC" or the abbreviation "L.I. C."
The new name must be drattingdianaute and contain the world.	254 GOLEVIEW DRIV	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS) TEQUESTA, FL 33469	
Enter new mailing address, if applicable:	254 GOLFVIEW DRIV	́Е
	TEQUESTA, FL 33469	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ad affine address on our resurds	enter the name of the new registered
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address off our records.	the destruction of the destruction
agent and of the new regions		
N		
Name of New Registered Agent:	······	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address		
	Enter Floridu stree	ci adiiress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registe	red 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 mercly 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 Changing Registered Agent, Signature of New Registered Agent

T-782 P.04/05 F-491

□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being address or removed from our records: H20000 3690723

MGR = Max AMBR = Au

Title

Name	Address	Type of Actio
		O Change
		[] Add
		Change
		[] Add
		@Remove
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<u> </u>		□ Add
		🗆 Remove
		Change
		🖾 Remove

10-23-20 09:53am From-

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective	date, if other than the dat	e of filing:(optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to does not meet the annioable statutory filing requirements, this date will not be	605 0207 (3 ¥b)
			listed as the
document	's effective date on the Depar	ument of State's records.	
			. .
If the record s	pecifies a delayed effective da	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day :	after the
record is filed.			
00	CTOBER 23	2020	
Dated	1/		
	14	200	-
	Sig	anure of a member or authorized representative of a member	
	MICHAEL CHRISTIE		
	<u>_</u>	Typed or printed signee	-
		Filing Fee: \$25.00	