## <u>L21000003839</u>

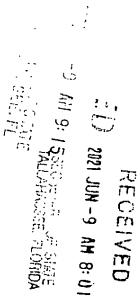
(Requestor's Name)
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(Document Number)
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06/09/21--01007--001 \*\*25.00



## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
THE PIZZ	A PIE, LLC		
SUBJECT:	Name of Lim	ned Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	ADRIAN MIDDLETON.	ESQ.	
		Name of Person	
	MIDDLETON & MIDDL	ETON, P.A.	
		Firm/Company	<del> </del>
	1437 MARKET ST.		
		Address	
	TALLAHASSEE, FL 323	12	
		City/State and Zip Code	
	mandy@swordandshield.cc E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
ADRIAN MIDDLETON	R, ESQ.	850 815-0256	
Name of Person		at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he 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	Section	Street Address: Registration Sc	
Division of C P.O. Box 633		Division of Co The Centre of	
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE PIZZA PIE, LLC			
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records. only Company)	)	
The Articles of Organization for this Limited Liability Company we Florida document number 1.21000003839	ere filed on 01/06/2021		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
-	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
-	· -		
B. If amending the registered agent and/or registered office add	dress on our records, enter th	ie name	of the new register
agent and/or the new registered office address here:			
			-3
Name of New Registered Agent:	_		<u></u>
New Registered Office Address:			
	Enter Florida street address		<b>O</b>
	, Flor	ida.	<u> </u>
	Cuy		Zur Soule
New Registered Agent's Signature, if changing Registered Agent:		1.:	01
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my duties, and wided for in Chapter 605, F	l Lam fai S. Or, if	niliar with and `this document is

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>	<u>Address</u>	Type of Action
MGR	MACIAS, MORGAN	9100 Shadyside Lane	■Add
		Land O' Lakes, FI 34637	□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	
	<del></del> -		
			□Remove
		<del></del>	Change
		□Add	
			🗀 Remove
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Effective date, (If an effective date Note: If the date	if other than the da is listed, the date must be a inserted in this block	te of filing: specific and cannot l	be prior to date of file	ing or more than 90 da	(optional) ys after filing.) Pursuant nts. this date will not b	to 605,0207 ( se listed as t
document's effe	ctive date on the Depar	rtment of State's r	ecords.	·• ······· ·· ··· ··· ··· ··· ··· ··· ·		
the record specifies ford is filed.	s a delayed effective da	ate, but not an effe	ctive time, at 12:0	I a.m. on the earlie	r of: (b) The 90th day	y after the
Dated June	8	2021				
Dated	8					
				entative of a member		_

Filing Fee: \$25.00

Typed or printed name of signee