## L21000024085

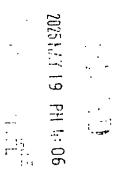
(Requestor's Name)
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C/ 7/17/2025

## **COVER LETTER**

TO: Registration S Division of Co			
ELM CIT	Y PIZZA CO LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Daniel A. Hershman, Esq.		
		Name of Person	<del>-</del>
	Hershman Law PA		
		Firm/Company	
	2240 Palm Beach Lakes B	ilvd., Suite 101	
		Address	
	West Palm Beach, FL 334	09	
		City/State and Zip Code	<del></del>
	dahershmanlaw@gmail.cor		
For further information	eoneerning this matter, please c	to be used for future annual report notal:	tification)
Daniel A. Hershman		561 689-3889	
Name	of Person		ne Telephone Number
Enclosed is a check for	the 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 Addre		Street Address:	votion
Registration Division of	Section Corporations	Registration So Division of Co	
P.O. Box 63	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2025 P.AY 19 PM 4: 06

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(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 Li Florida document number $\frac{L21000024085}{L}$		January 11, 2021	_ and assigned
This amendment is submitted to amend the follo			
A. If amending name, enter the new name of	the limited liability company	r here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," t	he designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applications	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I  B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:	egistered office address on ou is here: Hershman Law PA ( £×15	ting Registered Agent	
New Registered Office Address:	2240 Palm Beach Lakes Blvd	, Suite 101 Florida street address	
			a
	City	Florida 33409	Zip Code
New Registered Agent's Signature, if changing R	legistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this o	er and complete performance stered agent as provided for i registered office address, I he	of my duties, and I am fan 'n Chapter 605, F.S. Or, if	niliar with and this document is

If Changing 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 .

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Remove
			□Change
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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			☐Change
			□Add
			□Remove
			☐ Change

_	
Effective	date, if other than the date of filing:
Note: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at 's effective date on the Department of State's records.
ne record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
Dated	May 13. 2025
	· S 11711 -
	Signature of a member or authorized representative of a member
	Daniel A. Hershman, President of Registered Agent

Filing Fee: \$25.00