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(Reques	stor's Name)	
(Addres	s)	
(Addres	s)	
(City/Sta	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	g Officer:	

Office Use Only



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10/18/22--01014--023 **25.00

SECRETARY OF STATE

2022 OCT 18 PH 2: 0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KRAZY SUBS	+ Pizza Ste	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{\cancel{L} \ 21000109267}{}$	were filed on 3/5/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil. N The new name must be distinguishable and contain the words "Limited Liabil"		the abbreviation "L.1C."
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)	N/ D	2022 OCT 11 SECRETALLARI
B. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	ddress on our records, enter the	name of the new registered
Name of New Registered Agent:	1-11	
New Registered Office Address:	Enter Florida street address	
		ı
	, Florid	Zin Coola

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 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.

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	KRATY SUB	s & Pizza LLC			
	Name of Li	mited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
3	<u>() 2216</u>	Si. Lett 15 Name of Person		-	
	<u> </u>	SUBS & Pizzo II	ζ	-	
	12641 N	W 12 Avenue			
	Ml. ami	Address 33167 City/State and Zip Code		2022 OC SECRI	arv.
		City/State and Zip Code		TIB PI LAHASS	177
For further information of	E-mail address: concerning this matter, please c	(to be used for future annual report notific	ation)	2022 OCT 18 PH 2: 02 SECRETARY OF STATE TALLAHASSEE, FL	7 17
Name o	f Person	at () Area Code Davtime T	Celephone Number		
		Dayonk 1	erephone . tumber		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Mailing Addres		Street Address:			
Registration S Division of C		Registration Section Division of Corpo			
P.O. Box 632	7	The Centre of Tall			
Tallahassee, I	L 32314	2415 N. Monroe S	Street, Suite 81	0	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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	Uzzie Slilouis	12691 NW 17 Avenus	□Add
		Miam H 33167	□Remove
			⊡Change
President	David Melvin	17641 Nw 17 avenue	□Add
		Miam & 33167	ÆŔemove
			□Change
		SECIRE TALL	2022 Removes
		>= ===================================	20220Remove
		TENHASSEE. TU	PH 2Add
		ŗ	□Remove
			🗀 Change
			□Add
			□Remove
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			□Remove
			□ Change

				
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			RETARY O	
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			in ci	2
				02
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ective date, if other than the effective date is listed, the date muse: If the date inserted in this blument's effective date on the D	date of filing: Sept 1. st be specific and cannot be prior to date of ock does not meet the applicable state epartment of State's records.	2072 (option filling or more than 90 days after atory filling requirements, this	nal) filing.) Pu date will	rsuant to 605.0 I not be listed
cord specifies a delayed effectiv s filed.	re date, but not an effective time, at 12	:01 a.m. on the earlier of: (b)	The 90	th day after t
ed 9/21	Jose 2002			
			· · · - · · · · · · · · · · · · · · · ·	
	Signature of a member or authorized repo	resentative of a member		