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(Red	questor's Name)	
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: P	r's Pizzerio Name of Limi	LLC	
The enclosed Articles of A	amendment and fee(s) are subt	mitted for filing.	
Please return all correspor	dence concerning this matter t	to the following:	
	Bruce !	Hersha II	
		Pizzeria, LLC	
	15/08 4),	nd Unispur Da	·
	Odessa, H	FL 33556 City/State and Zip Code	
	in for principal in the	o be used for future annual report noti	. COM fication)
For further information co	ncerning this matter, please ca	il:	
Sruce Name of	Person Person	at (239) 633– Area Code Daytim	5843 e Telephone Number
Enclosed is a check for the	e 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 4/19/31 Florida document number <u>L21000167103</u> .	and assigned
india decament number <u></u>	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: Pipu's Scratch Pizza Shop LLC The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the at	
he new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the at	poreviation "L.L.C.
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name	ne of the new registered
gent and/or the new registered office address here:	ie of the new registered
Name of New Registered Agent:	
	<u>:</u>
New Registered Office Address: Enter Florida street address	<u> </u>
, Florida	Zip Code ??
City	Zip Cod€ ?
low Degistered Agent's Signature if changing Registered Agent	<u> </u>

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>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
<u></u>			□Add
			□Remove
			□Change
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D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
If the recor record is fi	d 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 led.
Dated	November July 2021. Signature of a member or authorized representative of a member
	Sruce J. Hershey II Typed or printed plame of signee

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