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OUDICATE	PIZZOLO PIZZA LLC	
SUBJECT:	Name of Limited Liability Company	_
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following:	
	ARIOSTO ROSADO	
	Name of Person	
	PIZZOLO PIZZA LLC	
	Firm/Company	
	478 E ALTAMONTE DR UNIT 108-802	
	Address	20 Si
	ALTAMONTE SPRINGS, FL 32701	2022 NOV 16 SECRETATI
	City/State and Zip Code	
	AEROSADOMD@YAHOO.COM E-mail address: (to be used for future annual report notification)	
Coe footboe ie	nformation concerning this matter, please call:	, <u>, , , , , , , , , , , , , , , , , , </u>
		- 20
	ARIOSTO ROSADO 436-4517 at ()	
	Name of Person Area Code Daytime Telephone Nu	mber
Enclosed is a	check for the following amount:	
■ \$25.00 F	Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
Reg	iling Address: gistration Section Street Address: Registration Section	
Div	vision of Corporations Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIZZOL	O PIZZA LLC				
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears nited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Com	pany were filed on	05/14/2021	and assigned		
Florida document number L21000231163					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability company here	<u>e</u> :			
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	ignation "LLC" or the	abbreviation "	1L.C."	
Enter new principal offices address, if applicable:	Service Service		·		
(Principal office address MUST BE A STREET ADDRES	<u> </u>				
			1072 072		
	 -	-			
				na la Parte	
Enter new mailing address, if applicable:				• •	
(Mailing address MAY BE A POST OFFICE BOX)					
				, +r. !	
			25		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our rec	eords, <u>enter the na</u>			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florid	la street address			
		, Florida			
	City		Zip Coa	le	
New Registered Agent's Signature, if changing Registered A	gent:				
The state of the s					

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.

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>	Name	Address	Type of Action
AMBR	ANDREIA CARDOSO	478 E ALTAMONTE DR UNIT 108-802	= Add
		ALTAMONTE SPRINGS, FL 32701	□Remove
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