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(Requestor's Name)	<del></del>
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PICK-UP WAIT	MAIL.
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Special Instructions to Filing Officer:	
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Office Use Only

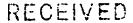


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22 MAY 20 PM 3= 21

T. MATTHEWS
JUN -7 2022





#### 2022 MAY 20 AH 8: 00 FLORIDA DEPARTMENT OF STATE Division of Corporations

Letter Number: 722A00010426

SECRETARY OF STATE TALLAHASSEE, FL

May 5, 2022

DENNIS HAYWOOD 8601 N DALE MABRY HWY TAMPA, FL 33614

SUBJECT: HOT ROCKS PIZZA, LLC

Ref. Number: L21000320180

We have received your document for HOT ROCKS PIZZA, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$30.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews **OPS** 

www.sunbiz.org

## **COVER LETTER**

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(713-)	.c	· — · · · · · · · · · · · · · · · · · ·	ited Liability Company	<del></del>
ie en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	_	
		DEN	INIS HAYWO	UP
			Name of Person	
		Hor	ROUKS PIZZI	9, UC
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	Name o	of Person	at ( D ) Daytime	Celephone Number
clos	ed is a check for t	he following amount:		
ì <b>\$</b> 2	5.00 Filing Fee	S30.00 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:	
	Registration Division of C		Registration Sect Division of Corpo	
	P.O. Box 632		The Centre of Tal	
	Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO

### ARTICLES OF ORGANIZATION

**OF** 

<b>N</b>	FILLE	STATE
::3.5: 012171	FILLED ETARY OF N-OF CORPO	RATIONS

( <u>Name of the Limited Liability Compa</u> (A Florida Limited L		
ne Articles of Organization for this Limited Liability Company	were filed on	/13/2021 and assigned
orida document number <u>L 2 1 000 320 18 0</u>	•	· ·
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	ility company here:	
NA		
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designati	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	$\mathcal{N}$	1A - GAME
Principal office address MUST BE A STREET ADDRESS)		···· · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:	/	VA -SAME
Aailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	address on our records	s, enter the name of the new registe
Name of New Registered Agent:	NA	-SAME
New Registered Office Address:	Enter Florida stre	ot address
	Line, 1 million of	ા વ્યવસા દેશક
<del></del>	City	, Florida Zip Code
w Registered Agent's Signature, if changing Registered Agent:	,	<i></i>
ereby accept the appointment as registered agent and agree	en to not in this canan	to I further current to comply with
	-	ties, and I am familiar with and

spany has been notified in writing of this change.

NA - SAME

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

AGR = Manager AMBR = Authorized Member



<u> itle</u>	Name	<u>Address</u>	22 MAY 20 PM 3= 2	Type of Action
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