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COVER LETTER

TO:

TO: Registration So Division of Cor			
	KS PIZZA, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ERIC FOSTER		
		Name of Person	
	DIMARCO & ASSOCIA	TES CPAS	
	•	Firm/Company	
	220 PINE AVE N SUITE	A	
		Address	
	OLDSMAR, FL 34677		
		City/State and Zip Code	,
	hotrockspizza21@gmail.co		
Eas forther information of		to be used for future annual report no	ification)
ror further information c	oncerning this matter, please c	air:	
ERIC FOSTER		727 787-5290 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOT ROCKS PIZZA, LLC		
(Name of the Limited Liabi (A Florid	ility Company as it now appears on our records da Limited Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability	Company were filed on	and assigned
lorida document number L21000320180	·	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
		24
ne new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	" or the abbreviation **L.C."
nter new principal offices address, if applicable:		722
Principal office address MUST BE A STREET ADD	RESS)	20
nter new mailing address, if applicable:		>
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registere		the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	s
	. Fle	orida
	City	Zip Code

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.

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>	Address	Type of Action
MGR	DEMAHO LLC	311 W CHELSEA STREET TAMPA, FL 33603	
			E Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
PARTNE	MARVIN MENDEZ	8601 N DALE MABRY HWY TAMPA, FL 33614	□Add
			\bullet Remove
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the I	ust be specific and cann block does not meet t	the applicable				
e record specifies a delayed effecti d is filed.	ve date, but not an e	ffective time	at 12:01 a.m. or	the earlier of: (b)	The 90th day after	the
MAY 14	20)24				
Datud 1977 17						
Dated	4B#					
Dated	Signature of a memb	per or authoriz	ed representative o	f a member		