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COVER LETTER

TO:

TO: Registration Se Division of Cor			· •
	ARCOS TAMIAMI LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BENJAMIN FINLEY		
		Name of Person	
	MARCOS PIZZA		
	··	Firm/Company	
	6616 HORNBUCKLE BL	VD	
		Address	
	NORTH PORT, FL 34291		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	benkristi@bellsouth.net		
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)
benjamin finley	c .	352 425-8159	
Name of Person		at ()	ne Telephone Number
Enclosed is a check for t	he 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	 -	Street Address:	action
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REAL OURST PIZZA SEC DAFFY MARCOS Tanga: LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	any were filed on 11-8	-2021	and assigned
Florida document number L21000482757			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :	
REAL QUEST PIZZA LLC			
The new name must be distinguishable and contain the words "Limited I.	iability Company," the des	ignation "LLC" or the abbr	eviation "L.L.C."
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) B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our rec	cords, enter the name	
Name of New Registered Agent:			6.
New Registered Office Address:	<u></u>		
	Enter Floria	la street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and	agree to act in this co	ipacity. I further agre	e to comply with

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□ Remove
			Change
			
		<u></u>	□Remove
		<u></u>	□Change
	<u></u>	□Remove	
			□Change
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ffective date, if other than the da	ate of filing:		(ontional)	
ffective date, if other than the data an effective date is listed, the date must be	e specific and cannot be pric	or to date of filing or mor	re than 90 days after filing.) F	Pursuant to 605,0207
lote: If the date inserted in this block ocument's effective date on the Department			requirements, this date w	iii not de listed as
record specifies a delayed effective d	late, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) The	90th day after the
Lis filed.				
	2021			
NOVEMBER 30	, 2021	·		
Pated NOVEMBER 30	n 1000	·		
Dated NOVEMBER 30		horized representative o	f a member	
Dated	n 1000	horized representative o	f a member	