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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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2022 AUG 23 PH 3 14 SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	SH PIZZA LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The analysis Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIA ANDERSON		
		Name of Person	
	C&E FRESH PIZZA LLC		
		Firm/Company	
	8003 CORNWALL LN		
		Address	
	TAMPA, FL 33615		
		City/State and Zip Code	
	cecilia123mari@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all;	
MARIA ANDERSON		813 842-0268 at ()	
Name (of Person	Area Code Daytii	me 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 Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

. . .ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & E FRESH PIZZA LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L21000520200		and assigned
This amendment is submitted to amend the following	z.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		2022 AUG 23 PH SECRETARY OF
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the</u> e <u>re</u> :	name of the new redistered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	la
_	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	ABRAHAM CLEMENTE LOPEZ	9517 BARSIDE PLACE TAMPA, FL 33635	🗀 Add
			■Remove
			□Change
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			□Remove
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