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From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAMMA FRANCA'S PIZZERIA, LLC

Certificate of Status	0
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C. BRUMBLEY

AUG 2 9 2022

Electronic Filing Menu — Corporate Filing Menu

Help

Audit Fax# H22000290052 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAMMA FRANCA'S PIZZERIA, LLC		
(Name of the Limited Liability Compa (A riorda Limited)	ne as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L21000532013 This amendment is submitted to amend the following:	were filed on <u>12/20/2021</u>	and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liab!	hiy Company," the designation "LLC" or	ite abbrevistion "L.L.C."
Enter new principal offices address, if applicable:	5792 S. SUNCOAST BLVD.	
(Principal office address MUST BE A STREET ADDRESS)	HOMOSASSA, FL 34446	
(Trincipal office dance in a second		922 TA
Enter new mailing address, if applicable:	5792 S. SUNCOAST BLVD.	AUG 28
(Muiling address MAY BE A POST OFFICE BOX)	HOMOSASSA, FL 34446	——XXX 3 FT
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City , Florid	a
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I furthe performance of my duties, and I provided for in Chapter 605, F.S.	Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the fille, 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
MGR	JAMES LOIERO	5792 S. SUNCOAST BLVD.	□Add
A + 7 + 7 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1		HOMOSASSA, FL 34446	_
MGR	FRANK LOIERO	5792 S. SUNCOAST BLVD.	
		HOMOSASSA, FI. 34446	
MGR	PETER LOIERÓ	5792 S. SUNCOAST BLVD.	
		HOMOSASSA, FL 34446	
			(Change
MGR	JOSEPH LÓIERO	5792 S. SUNCOAST BLVD.	
		HOMOSASSA, FL 34446	
			G 2
			Change
			□Add
		****	□Remove
			[]Change

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