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| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

A. RIVERS
JAN 3 1 2022

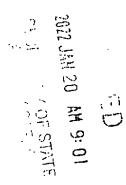


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| то: | Registration Se Division of Cor | | | |
|-------------------|------------------------------------|--|---|---|
| SUBJEC | Cicel | Store 2, LLC | | |
| 30031.0 | | Name of Lin | nited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please ro | eturn all correspo | ondence concerning this matter | to the following: | |
| | | Chris McMillan | | |
| | | | Name of Person | |
| | | 850 Pizza Store 2, LLC | | |
| | | | Firm/Company | |
| 209 E. 4th Street | | | | |
| | | - | Address | . |
| | | Panama City, Florida 3240 | 09 | |
| | | | City/State and Zip Code | |
| | | chrisscottmcmillan@yahoo | .com to be used for future annual report notifi | |
| For furth | er information co | oncerning this matter, please c | • | catton) |
| Lauren I | C. Dodge | | 850 785-5555 at() | |
| | Name of | l Person | Area Code Daytime | Telephone Number |
| Enclosed | is a check for th | e following amount: | | |
| □ \$25.0 | 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 Registration S | <u>s:</u> section | Street Address: Revistration Sect | ion |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 850 Pizza Store 2, LLC | | |
|---|--|---------------------------------------|
| (Name of the Limited Liability Com (A Florida Limite | npany as it now appears on our records.) d Liability Company) | |
| The Articles of Organization for this Limited Liability Compar | ny were filed on 12/23/2021 | and assigned |
| Florida document number L22000002088 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liz | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Lia | ability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | · · · · · · · · · · · · · · · · · · · |
| B. If amending the registered agent and/or registered offic | o odd-noo n= oo maccado castou the mo | |
| agent and/or the new registered office address here: | e address on our records, enter the ha | 10 the new registero |
| | | |
| Name of New Registered Agent: | <u> </u> | |
| New Registered Office Address: | | 77 |
| | Enter Florida street address | S S S S S S S S S S S S S S S S S S S |
| | , Florida | 710 CO |
| | 1 TV | ਜੀ |

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:

| | rom our records: | | |
|-----------------------|--------------------------|-------------|----------------|
| MGR = Ma AMBR = Au | nager thorized Member | | |
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | □Add |
| | | | □Remove |
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_____ □Change

| All other information | n stays the same, including the title (MGR) and address: 209 E. 4th Street, Panama City, FL |
|---|---|
| 32041. | |
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| reflective date is listed, the d te: If the date inserted in | date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 is this block does not meet the applicable statutory filing requirements, this date will not be listen the Department of State's records. |
| ord specifies a delayed e filed. | effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after |
| January 14 | 2022 |
| $\left(\right) \overline{\left(\right) }$ | |

Filing Fee: \$25.00