h 22000 106166

(Re	equestor's Name)
(Ad	ddress)
(Ad	idress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Dc	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only

τ.



07/25/22--01029--009 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Florida PIzza 6, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith W. Schneider, Esq. c/o Mari McCullough

Name of Person

Maguire Schneider Hassay, LLP

Firm/Company

1650 Lake Shore Dr., Suite 150

Address

Columbus OH 43204

City/State and Zip Code

kwschneider@msh-lawfirm.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Schneider, Esq., or Mari McCullough, asst. Name of Person at (614) 224-1222 X 184 Area Code Daytime Telephone Number

Enclosed is a check for the 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: 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

FILED

ARTICLES OF O		2022 JUL 25 AM 9:00
Horida Plezo 6 LLC (Name of the Limited Lightlity Compar (A Forida Limited L	an it now appears on our record	TALLAHASSEE, FI
The Articles of Organization for this Limited Liability Company Florida document number L22000106166	were filed on March 1, 2022	and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	by Company." the designation "i.l.("" or the abbrevizzion "I_I_C."
Eoter new mailing address, if applicable: (Mailing address MAY BE A PUST OFFICE BOX)		

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	Jason Adamis		
New Registered Office Address:	1100 US Hwy 27. Suite F	P.O. Box	135277
	Erner Maride server address		
	Clemnt		Florida 34714
	City		Zep 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.

2 R

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

,

.

•

۰.

<u>Title</u>	Name	Address	Type of Action
			🖸 Add
		<u></u>	🗆 Remove
		<u> </u>	Change
			🗆 Add
			🗍 Remove
			□Add
			Remove
			Change
			🖾 Add
			🗆 Remove
			□Change
<u> </u>			🗆 Add
			□ Change
			🖸 Add
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

······		
·		
	<u> </u>	
	<u> </u>	R. C. Carlos
	<u>ि</u> ज	÷.
		571
		11111111
		_
	SECULIZE AN 9.00	2
	· ·	
····		

E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2022 Dated Signature of a member or authorized representative of a member Michael Couchman, MGR Typed or printed name of signee