## L22000236849

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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10/30/23--01013--009 \*\*35.00





November 6, 2023

SCOTT KOTROBA 43 E PINE ST 2ND FLOOR ORLANDO, FL 32801

SUBJECT: PAPI'S SMASH BURGERS, LLC

Ref. Number: L22000236849

We have received your document for PAPI'S SMASH BURGERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 123A00025794

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PAPI'S SMASH BRUSES, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Scott Kotas BA Name of Person
Photo
Firm/Company  43 E PINE ST 2ND FLOOR  Address
Address
ORLANDO, FL 32801 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scort Koraogo at (407) 645-4611  Name of Person Area Code Daytime Telephone Number
Enclosed is a cheek for the following amount:
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee. Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section

Registration Section 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

<u>Papis Smash</u>	BURGERS LLC
( <u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	red liability company here:
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS) N/A
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	NA
New Registered Office Address:	NA ==
	Enter Florida strect address
	City , Florida Zip Code
	zip Coac

## 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 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

<u>Title</u>	Name	Address	Type of Action
AMBR	Scott KATRUBA	43 E PINE ST 2 ND FLOO	R Mdd
		ORLANDO, FL 32801	Remove
	_ (		□Change
AMBR	RANDY WILDS	43 E PINEST 2 PAGLOOR	Add
	1	ORLANDO, FL 32801	□Remove
			□Change
MGR	CHRISTOPHER M HERNAN	DEZ 8201 VIA BELLA NO	<b>DE</b> □Add
		ORLANDO, FL 32936	Remove,
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			DC

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fective date, if other than t	he date of filing:	(optional)	F. (2)
n effective date is listed, the date i	nust be specific and cannot be prior to date of	(optional) of filing or more than 90 days after filing.) Pursua tutory filing requirements, this date will no	int to 605.0 of be listed
cument's effective date on the	Department of State's records.		<b>-</b> :
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	tive date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th	day after t
is filed.			
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	Signature of a member or authorized re		

Filing Fee: \$25.00