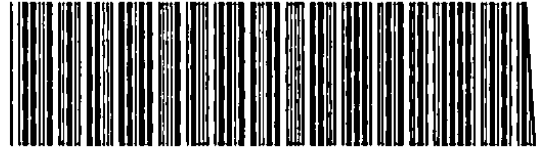


L2200032600



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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FEB - 7 2023



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

YOUR PIZZA PLACE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2022 NOV 17 P

The Articles of Organization for this Limited Liability Company were filed on 07/22/2022 and as  
Florida document number L22000326001.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

RAFAELLA MENDONÇA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL

Enter new principal offices address, if applicable:

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

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

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

Florida

*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 w  
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an  
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document  
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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
N/A	N/A	N/A	<input type="checkbox"/> Ad
_____	_____	_____	<input type="checkbox"/> Ren
_____	_____	_____	<input type="checkbox"/> Char
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

PLEASE ADD THE EIN NUMBER: 88-3415241

THANK YOU

**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 605.02

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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.

Dated NOVEMBER 11 , 2022

Rafaella Mendonca  
Signature of a member or authorized representative of a member

Rafaella Karlla da Silva Mendonca  
Typed or printed name of signee