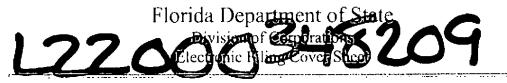
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DAVID NOHRA ZAKIA

Account Number : 120220000125 Phone : (239)494-0057

Fax Number : (239)913-6599

22 AUG 30 PM 2: L7 EGRETATY OF STATE LL ABASSTE FLOWERY

APPROVED AND FILED

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

Email Address: Tubcicinaenusa Ogmail. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PIZZAS Y ALGO MAS 1605 LLC

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K Burupisa Mag 30 **soss**

COVER LETTER

TO: Registration Se Division of Cor			** N
PIZZAS Y	ALGO MAS 1605 LLC		•
SUBJECT:	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Address BONITA SPRINGS, FLORIDA ZIP CODE 34135 City/State and Zip Code tuoficinacnusn@gnail.com B:-mail address: (to be used for future annual report notification) neerning this matter, please call: 239 494(057 Ferson 1 239 494(057 Area Code Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Registration Section		
		Name of Person	
	<u></u>	Firm/Company	
	28719 ALESSANDRIA C	RCLE	
	•	Address	
	BONITA SPRINGS, FLOI		
		City/State and Zip Code	•
		16 6	and most them to an A
For further information of			on indiffication)
DAVID NOHRA ZAKI	A	. 239 49400 at () _)57
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mulling Addres Registration			
Registration Division of C		-	
P.O. Box 632	27	The Centr	e of Tallahassee
Tallahassee,	FL 32314	2415 N. N	Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIZZAS Y ALGO MAS 1605 LLC				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	y were filed on 08/08/2022 and assigned			
Florida document number 1.22000348209				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	3181 NORTH VILLAGE CT SUITE 200			
(Principal office address MUST BE A STREET ADDRESS)	BONITA SPRINGS, FLORIDA ZIP CODE 34135			
Enter new mailing address, if applicable:	3181 NORTH VILLAGE CT SUITE 200			
(Mailing address MAY BE A POST OFFICE BOX)	BONITA SPRINGS, FLORIDA ZIP CODE 34135			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register			
Name of New Registered Agent:	W6 30 F12			
New Registered Office Address:	Enter Florida street address			
	Florida			
	City Zin 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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	David Nohra Zakia	28719 Alessandria Circle	
		Bonita Springs, Florida, Zip Code 34135	Remove
			☐ Change
AMBR	Krysteł Di Quinzio Bsereni	3181 North Village Ct, Suite 200	= Add
		Bonita Springs, Florida, Zip Code 34135	□Remove
			□ Change
AMBR	Marlene Bsereni Bsereni	3181 North Village Ct, Suite 200	■Add
		Bonita Springs, Florida, Zip Code 34135	□Remove
			Change
		:	□ Add
			Remove
			Change
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DAVID NOHRA ZAKIA

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fective date, if other that an effective date is listed, the dote: If the date inserted in	ate must be specif	ic and cannot be	prior to date o	f filing or more th	option on 90 days after fil	ing.) Pursuant to 605	5.0207 ed as
ocument's effective date on	the Departmen	t of State's reco	ords.				
record specifies a delayed e is filed.	ffective date, bu	it not an effecti	ve time, at 1	2:01 a.m. on the	e earlier of: (b)	The 90th day after	r the
AUGUST 29		2022		A			
				$\bigcup \setminus$			

Filing Fee: \$25.00

Typed or printed name of signee