L22000465399

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRETARY OF STATE
TALLAHASSET

COVER LETTER

'TO: Registration Section

Div	ision of Cor	porations				
	PIPI'S RES					
SUBJECT:	Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		CELINA DEDDOMO				
		CELINA PERDOMO				
			Name of Person			
		PIPI'S RESTAURANT LL	.c			
Firm/Company						
	111 E MONUMENT AVE UNIT 416 Address					
Address						
KISSIMMEE, FL 34741						
		****	City/State and Zip Code			
		zucsana@gmail.com				
		E-mail address: (to be used for future annual re	port notification)		
For further in	nformation c	oncerning this matter, please co	all:			
(CELINA PEI	RDOMO	at ()	321-310-196	51	
	Name o	f Person	Area Code	Daytime Telepho	one Number	
Enclosed is a	a check for th	ne following amount:				
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres		<u>Street Ado</u> Registra			
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.C	D. Box 632	7	The Cen	tre of Tallahas	ssee	
Tal	lahassee, i	FL 32314	2415 N.	Monroe Stree	t. Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIPI'S RESTAURANT LLC			
(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 10/28/2022 and assigned		
Florida document number L22000465399			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	851 W STATE RD SUITE 1037		
(Principal office address MUST BE A STREET ADDRESS)	ALTAMONTE SPRINGS, FL 32714		
Enter new mailing address, if applicable:	851 W STATE RD SUITE 1037 ALTAMONTE SPRINGS, FL 32714		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registere		
Name of New Registered Agent:			
New Registered Office Address:			
	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 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
			□ Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			S Charles
			SECRETARY OF STATE
			Remove C
			TA Some
		<u> </u>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
If an ef Note:	tive date, if other than the date of filing:
e reco rd is f	ord 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 filed.
Dated	NOVEMBER 2nd . 2022
	Signature of a intember or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00