L 22000497588

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COVER LETTER

DIVISION OF COF	porations		•
	al pizza kitchen		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mohammed Abukhdeir		
		Name of Person	
	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Mohammed Abukhdeir		
	10711 cape hatteras dr		
		Address	
	Tampa,fl 33615		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please c	all:	
mohammed abukhdeir			
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Addres	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section

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

International pizza kitchen		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our recor a Limited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 11/22/2022	and assigned
lorida document number L22000497588	<u>_</u> .	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
Pizza Kitchen LLC		
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	1025 TA
		£ 21 F
nter new mailing address, if applicable:		SSS TO TO
Mailing address MAY BE A POST OFFICE BOX)		my 2 0
		F. 02
. If amending the registered agent and/or registered	d office address on our records, <u>ente</u>	r the name of the new registe
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
	, F	Torida
	Cin _i ·	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 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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
			Change
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

_		
		
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f an effecti <u>Note:</u> If t	e date, if other than the date of filing:	
record sp d is tiled.	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after l.	the
Dated	2025 Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Mohammed Abukhdeir	