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(Re	questor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:

TO:	Registration Sec Division of Corp			
OF UP AND		Company, LLC		
SUBJEC	JT:	Name of Limit	ed Liability Company	<del>, 117</del>
The encl	losed Articles of i	Amendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspor	ndence concerning this matter t	o the following:	
		Robert Phelps		
		-	Name of Person	
		Phelps Pizza Company, LL	С	
Firm/Company		Firm/Company		
		8001 Crancreek Deive NE		
			Address	
		Ada, MI 49301		
			City/State and Zip Code	<del></del>
		maureen.phelps@comcast.n	et o be used for future annual report notification	, n
For furt	her information c	oncerning this matter, please ca		<i>,</i>
Robert	Phelps		616 581-1441 at ()	
	Name o	f Person	Area Code Daytime Tele	ephone Number
Enclose	ed is a check for t	he following amount:		
□ <b>\$</b> 2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Stallahassee, FL 32	ations shassee crect, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Phelps Pizza Company, LLC	
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records,) ompany)
The Articles of Organization for this Limited Liability Company were fil	ed on December 12, 2022 and assigned
Florida document number L22000519482	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
he new name must be distinguishable and contain the words "Limited Liability Compa	
Enter new principal offices address, if applicable:	2023
Principal office address MUST BE A STREET ADDRESS	
	<b>三</b>
	0 P 11
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	0.0
	<u> </u>
. If amending the registered agent and/or registered office address gent and/or the new registered office address here:	on our records, enter the name of the new register
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 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
AMBR	Jeffrey Pholps	4335 Oakvista Avenue	□Add
		Ciarkston, MI 48346	<b>₽</b> p
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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	it be specific and cannot be prior ock does not meet the applic	able statutory filing requiremen	(optional)  ys after filing.) Pursuant to 605.6  nts, this date will not be listed	0207 (; dias th
e record specifies a delayed effecti rd is filed.				the
	2023			
Dated March 7  Sundly Comments  Gary K. August, Attorn	,	<del></del> ·		

Filing Fee: \$25.00