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4/17/23 VIN.

# **COVER LETTER**

TO:

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SUBJECT		AST PIZZA LLC		
SOBJECT	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn ali correspo	ndence concerning this matter	to the following:	
		WILLIAM BLALOCK		
			Name of Person	
		<del></del>	Firm/Company	<del></del>
		3727 DUNWICH AVE		
			Address	
		ORLANDO, FL 32817		
			City/State and Zip Code	
		DEAN@DSCPAFL.COM	to be used for future annual report not	Gostian
For further	information c	oncerning this matter, please co	•	meauony
DEAN KI	NGSTON		954 680-7759	
	Name o	f Person		e Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		<u>Street Address:</u> Registration Se	ction
	•	orporations	Division of Co	
	O. Box 632		The Centre of 7	
Ta	allahassee, l	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

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

SPACE COAST PIZZA LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limito	ed Liability Company)			
The Articles of Organization for this Limited Liability Compa	any were filed on 01/23/2023		_ and ass	igned
Florida document number L23000042196				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
SPACE COAST PIZZA WB LLC				
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation	"LLC" or the abbre	viation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		·		
			2	
		#F0	)23 F	
Enter new mailing address, if applicable:		; (;	83.	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		جورتر ہیں۔ قرامین علیقی	$\overline{\omega}$	1
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B. If amending the registered agent and/or registered offic	ce address on our records, <u>c</u>	enter the name o	f thenev	v register
agent and/or the new registered office address here:		: ग	+	
Name of New Registered Agent:		. <u></u>		
New Registered Office Address:				
New Registered Office Fiduress.	Enter Florida street e	uddress		
		, Florida		
<del></del>	City		Zip Code	
New Registered Agent's Signature, if changing Registered Age	nt:			

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>	<u>Name</u>	Address	Type of Action
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cord s s filed	specifies a delayed l.	l effective date, b	ut not an effect	ive time, at 12	:01 a.m. on the	earlier of: (b)	The 90th day a	fter the
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		Signatur	e of a member or	authorized repr	esentative of a m	ember		
		Signatur	e of a member or	authorized repr	esentative of a me	ember		

Filing Fee: \$25.00

# Electronic Articles of Organization For Florida Limited Liability Company

L23000042196 FILED 8:00 AM January 23, 2023 Sec. Of State jsadler

## Article I

The name of the Limited Liability Company is: SPACE COAST PIZZA LLC

### Article II

The street address of the principal office of the Limited Liability Company is:

3727 DUNWICH AVE ORLANDO, FL, US 32817

The mailing address of the Limited Liability Company is:

9116 GRIFFIN RD COOPER CITY, FL. US 33328

### Article III

The name and Florida street address of the registered agent is:

D & S MANAGEMENT SERVICES, INC. 9116 GRIFFIN RD COOPER CITY, FL. 33328

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DANIEL GROSSMAN