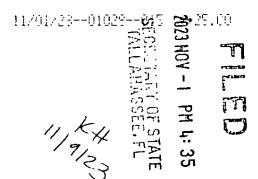
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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer:	
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COVER LETTER

TO:	Registration Se			• ••	•
	4		ZZERIA LLC		
SUBJE	CCT:	Name of Lin	ited Liability Company		
The end	closed Articles of	`Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	undence concerning this matter	to the following:		
			RAFAEL CARLOT		
			Name of Person		
			Firm/Company	Area Code Affact Company Affact Company DAKLAND PARK BLVD Address JDERHILL, FL 33313 Area Code Daytime Telephone Number Affact Company Daytime Telephone Number	
	728	8 W OAKLAND PARK BLVD			
			Address		
			LAUDERHILL, FL 33313		S ZA
			City/State and Zip Code afagfnypizza@hotmail.com	 	ECF.:
			to be used for future annual report notifica	ution)	ag V- i
For furt	ther information o	concerning this matter, please o	all:		SSE R
RAFA	EL CARLOT		_		E STA
	Name o	of Person		elephone Number	- H 33
Enclose	ed is a check for t	he following amount:			
€ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		Certificat Certified	e of Status & Copy
	Mailing Address Registration	Section	Registration Secti		
	Division of C	zorporations –	Division of Corpo	rations	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G	F PIZZERIA LLC	
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/15/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		SE 23
		e e
Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX)		SSS P
		ES F
		35 FATE
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the n	ame of the new registered
agent and/of the new registered office address here.		
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>	<u>Name</u>	Address	Type of Action
AMBR	LUIS RODRIGUEZ	14710 FELLS LN ORLANDO, FL 32827	🗀 Add
			= Remove
			□Change
AMBR	GELM HOLDINGS LLC	9693 ENGLISH LAUREL CT ORLANDO, FL	32827 ■ Add
			□Remove
			□Change
			Add Add ACC ACC ACC ACC ACC ACC
			SS Change
			F STATE
			□Remove
			□Change
			🗆 Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: (optional) (a) (a) (optional) (a) (a) (optional) (a) (a) (a) (optional) (b) (c) (c) (c) (c) (c) (c) (c			_			
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Filing Fee: \$25.00