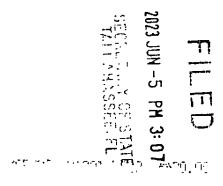
L230000 87122

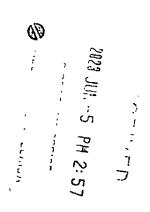
•	(Requestor's Name)
	(Address)
	(100.000)
	(Address)
	(City/State/Zip/Phone #)
	(City/Grate/Zip/Frione #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
	
Special Instructions to	Filing Officer:

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TO:	Registration Se Division of Cor			
	JJ PZZA	LLC		
SUBJE	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		DOUGLAS CHIRINOS		
			Name of Person	
		JJ PZZA LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		8721 SE 58TH AVE U	UNIT 5	
			Address	
		OCALA		
		FLORIDA, 34480	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
DOUGL	AS ARMANDO	CHIRINOS	941 276-0271	
			at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
⊠ \$2.	5.00 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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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TARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JJ PZZA LLC		
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
ne Articles of Organization for this Limited I orida document number	Liability Company were filed on	/17/2023 and assigned
nis amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name	of the limited liability company he	<u>:re</u> :
ne new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "L.L.C" or the abbreviation "L.L.C."
nter new principal offices address, if appli	, , ,	
Principal office address MUST BE A STRE		7023 等EC
nter new mailing address, if applicable: State of the state of the st	<u> </u>	JUN -5 PH 3: 07
If amending the registered agent and/or ent and/or the new registered office addre		ecords, enter the name of the new regist
Name of New Registered Agent:	DOUGLAS ARMANDO CHIRING	0\$
New Registered Office Address:	25172 LAHORE LN	
		ida street address
	PUNTA GORDA	, 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.

Douglas (Lurinos

If Changing Registered Agent, Signature of New Registered Agent

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11 amenuing Authorized rerson(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	<u>Address</u>	Type of Action
MGR	JOANNA RODRIGUEZ	522 POINSETTIA AVE	
			□Add
		INVERNESS, FL 34452	.99 p
			图Remove
			□Change
MGR	JESSICA RODRIGUEZ	URB CIUDAD JARDIN CALLE JENGIBRE	_
			🗆 Add
		116	
		20222	🗵 Remove
		GURABO, PR 00778	E.C.
MGR	DOUGLAS ARMANDO	25172 LAHORE LN	□ Change
HOK	CHIRINOS	ZJI/Z LAHORE EN	⊠Add
		PUNTA GORDA, FL 33983	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			-
			□Remove
			□Change
			□ Add
			□Remove
			□Change

r amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe lote:	the date, if other than the date of filing:
is file	
ated_	5/30/2023 10:04 AM PDT ²⁰²³
	Docusigned by:
	Signature of a member or authorized representative of a member
	JOANNA RODRIGUEZ