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SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUN -5 PM 2:57

SECRETARY OF STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

JJ PZZA LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOUGLAS CHIRINOS

Name of Person

JJ PZZA LLC

Firm/Company

8721 SE 58TH AVE UNIT 5

Address

OCALA

City/State and Zip Code

FLORIDA, 34480

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS ARMANDO CHIRINOS

941 276-0271

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JJ PZZA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/17/2023 and assigned
Florida document number L23000087622.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: DOUGLAS ARMANDO CHIRINOS

New Registered Office Address: 25172 LAHORE LN

Enter Florida street address

PUNTA GORDA, Florida 33983

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.

DocuSigned by:

Douglas Chirinos

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOANNA RODRIGUEZ	522 POINSETTIA AVE	<input type="checkbox"/> Add
		INVERNESS, FL 34452	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JESSICA RODRIGUEZ	URB CIUDAD JARDIN CALLE JENGIBRE	<input type="checkbox"/> Add
		116	<input checked="" type="checkbox"/> Remove
		GURABO, PR 00778	<input type="checkbox"/> Change
MGR	DOUGLAS ARMANDO CHIRINOS	25172 LAHORE LN	<input checked="" type="checkbox"/> Add
		PUNTA GORDA, FL 33983	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 5/30/2023 | 10:04 AM PDT 2023

~~85807E1402FB494~~

Filing Fee: \$25.00