

L23000087622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2023

JOANNA RODRIGUEZ
522 PONSETTIA AVE
INVERNESS, FL 34452

SUBJECT: JJ PZZA , LLC
Ref. Number: L23000087622

We have received your document for JJ PZZA , LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 923A00021459

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: JJ PZZA LLC
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:

Joanna Rodriguez
Name of Person
JJ PZZA LLC
Firm/Company
522 Poinsettia Ave
Address
Inverness FL, 34452
City/State and Zip Code
joannacr@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanna Rodriguez 786 868-4838
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

8721 SE 58TH AVE UNIT 5 OCALA FL, 34480

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

8721 SE 58TH AVE UNIT 5 OCALA FL, 34480

(Mailing address MAY BE A POST OFFICE BOX)

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:

Joanna Rodriguez

New Registered Office Address:

8721 SE 58TH AVE UNIT 5

Enter Florida street address

OCALA

Florida

34480

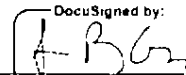
City

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:



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	DOUGLAS ARMANDO CHIRINOS	25172 LAHORE LN	<input type="checkbox"/> Add
		PUNTA GORDA FL, 33983	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOANNA RODRIGUEZ	522 POINSETTIA AVE	<input checked="" type="checkbox"/> Add
		INVERNESS FL, 34452	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change


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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 September 28th 2023

DocuSigned by:

09C40260210F A96

Douglas Armando Chirinos

Typed or printed name of signee