L23000093927

(Re	questor's Name)	
(Ádd	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	·-·





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- COVER LETTER

	Registration Se Division of Cor			
SUBJEC		izza Apopka LLC		
SOBJEC		Name of Lim	ited Liability Company	
The enclo	sed Articles of .	Amendment and fec(s) are sub-	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Shaun Keough		
			Name of Person	
		Keough Law PLLC		
			Firm/Company	
		3505 Lake Lynda Dr., Suit	e 200	
			Address	
		Orlando, FL 32817		· ·
			City/State and Zip Code	
		skeough@yourtrademarkde	fender.com to be used for future annual report notific	estion)
For further	er information co	oncerning this matter, please ca	•	auony
Shaun Ko		one on the state of	321 262-1146	
	Name of	S Demon	at ()	Telephone Number
	Nume of	reison	Area Code Dayume	Генерионе гчиния
Enclosed	is a check for th	c following amount:		
\$25.0	0 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 S		Street Address: Registration Sect	ion

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

Antonio's Pizza Apopka LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records. d Liability Company))
The Articles of Organization for this Limited Liability Compared Florida document number <u>L23000093927</u> .	ny were filed on 02/21/2023	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ability 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)		
Inter new mailing address, if applicable:		· · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>
		:
		·
3. If amending the registered agent and/or registered offic	e address on our records, <u>enter th</u>	ne name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	····
	, Flor	ida
	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
МЕМ	Yll Rrahmani	1097 W. Orange Blossom Trail	■Add
		Apopka, FL 32712	
MEM	Kujtim Zeka	1097 W. Orange Blossom Trail	= Add
		Apopka, FL 32712	□Remove
			□Change
			Add
			□Remove
			Change
			
		~~,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,	□Remove
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m effective da	ate is listed, the date m	ust be specific and	cannot be prior to	date of filing or m	ore than 90 days at	fler filing.) Pur	suant to 605.0207
ocument's of	date inserted in this lifective date on the	Department of S	tate's records.	ic statutory ming	g requirements, i	inis date will	not be listed as
ecord specif	fies a delayed effect	ive date, but not	an effective time	c. at 12:01 a.m. o	on the earlier of:	(b) The 90	th day after the
is filed.							•
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ated	20,202			. •			
		Mu	,				
		11 7/46					

Typed or printed name of signee

COVER LETTER

Antonio's Pizza Apopka 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: Shaun Keough Name of Person Keough Law PLLC Firm/Company 3505 Lake Lynda Dr., Suite 200 Address Orlando, FL 32817 City/State and Zip Code skeough@yourtrademarkdefender.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shaun Keough Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & **\$55.00** Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section Division of Corporations

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
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