L23000 106663

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COVER LETTER

	Registration So Division of Cor					
SHR IFC"	NEW YOR	RK ROMA PIZZA SOUTHLA	ND LLC			
SUBJECT: Name of Limited Liability Company						
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please rett	ırn all correspo	ondence concerning this matter	to the following:			
		Monica Uscategui				
			Name of Person			
		Greenlight Financial LLC				
			Firm/Company			
		7480 Bird Road #810				
			Address			
		Miami, FL 33155				
			City/State and Zip Code			
		muscategui@greenlightfina				
		E-mail address: (to be used for future annual report notification)			
For further	information e	oncerning this matter, please c	all:	,		
Monica U	scategui		305 860-5970			
Name of Person			at () Area Code Daytime Telephone N	lumber		
Enclosed i	s a check for th	ne following amount:				
\$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed) Certified Copy	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)		
Mailing Address: Pagistration Section			Street Address: Registration Section			
Registration Section Division of Corporations			Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Su	rite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW YORK ROMA PIZZA SOUTHLAND 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 02/28/2023 and assigned Florida document number L23000106663 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 "LLC." 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) 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: New Registered Office Address: Enter Florida street address __. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TOMAS A. EUVIN	9875 SW 166TH ST	□Add
		MIAMI, FL 33157	■Remove
			☐ Change
AMBR	TOMAS EUVIN ENTERPRISES INC	9875 SW 166TH ST	
		MIAMI, FI. 33157	□Remove
			Change
			□Add
			□Remove
			DAdd
		-	Remove
			Change
			DAdd
		SERVICE - Links I	□Remove
		-	□Change
			□Add
			□Remove
			ПСЬ

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _ (optional)

Typed or printed name of signee

TOMAS A. EUVIN