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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	anaroti's	Pizzeria L	LC
	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Kristopher	Name of Person	?
		Pizzeria L	
	805 Humn	ning bird Way	APT 41)
	North Pa	M Beach, FL, City/State and Zip Code	33408
	Leonare E-mail address: (difizzoflage	hoi(. (om
	neerning this matter, please c		
Kristoph	er langer	at (S&I) 57	8-9771
Name of	Person	Area Code Day	ime Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 S	
Division of Co	orporations	Division of C	orporations
P.O. Box 6327 Tallahassee, F		The Centre o 2415 N. Mon	f Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leonard: 15 Pizze (Name of the Limited Liability Com (A Florida Limite	eria LLC
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) and Liability Company)
The Articles of Organization for this Limited Liability Compa	ny were filed on $11/03/23$ and assigned
Florida document number <u>L23000500628</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "L.L.C." 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)	
(maing dualess SEAT BE A LOST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:
I hereby accept the appointment as registered agent and a	gree 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR		4788 Sanfratello Circle Lake Worth, FL 3346	
		Lake Worth, FL 3346	7_ □Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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