Note: Please print this page and use it as a cover sheet. Type the fix audit numb (shown below) on the top and bottom of all pages of the document.

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Division of Corporations Fax Number : (850)617-6383 From: Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** B을을 LLCAMND/RESTATE/CORRECT OR M/MG RESIGN

NOSTALGIA PIZZA SHOP LLC

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Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

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	NOSTALG	RA PIZZA SHOP ELC					
SUBJECT	`:	Name of Limit	ed Liability Company				
		Amendment and fee(s) are submindence concerning this matter to					
		Mike Town					
			Name of Person				
		Legalzoom com, Inc.					
		9900 Spectrum Dr	Firm Company		3 TC	2024	
	Address Austin, TX 78717				2024 NOV 26		
	City/State and Zip Code tonypi\$4@gmail.com			P# 4: 40			
		E-mail address. (10	be used for future annual report notif	ication)	L 12 4	5	
For further	information co	oncerning this matter, please cal	I				
Mike Tow	n		800 773-0888 at ()				
	Name of	l Person	Area Code Daytim:	- Telephone Number			
Englosed is	s a check for th	ec following amount:					
□ \$25.00	Filing Fee	☐ \$30 00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &		
		ING ADDRESS:	STREET/COURI Registration Section				

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

Division of Corporations
Clifton Building
2563 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOSTALGIA PIZZA SHOP LLC		
(Name of the Limited Liability Compa (A Florida Limited)	my as it now appears on our record Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.24600116126	were filed on 03/07/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation *LLC	" or the abbreviation 'L.L.C."
Enter new principal offices address, if applicable:	38426 5th Ave	
(Principal office address MUST BE A STREET ADDRESS)	Zephythills, FL 33542	
)
Enter new mailing address, if applicable:	5230 Halstead Ln	NOV 2
Mailing address MAY BE A POST OFFICE BOX)	Zephyrhills, FL 33541	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		s. enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street oddres	Λ
		orida
	City	Zip Code

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, <u>enter the title, name, and address of each person-being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

To:

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Anthony Paul Torres		Add
			☐ Remove
		5230 Halstead Ln. Zephythilis, FL 33541	= Change
			□ Add
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