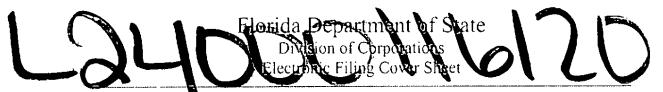
11/26/24, 1:19 PM

Division of Corporations



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

(((H24000392918 3)))



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Division of Corporations

Fax Number : (850)617-6383

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.\*\*

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOSTALGIA PIZZA SHOP LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

From: Rajiv Srivastava

## **COVER LETTER**

TO: Registration So Division of Cor				
	Pizza Shop LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Mike Town			
		Name of Person		
	Legalzoom.com, Inc.			
		Firm/Company	<u></u>	
	9900 Spectrum Dr			
		Address	<del></del>	
	Austin, TX 78717	Address		
	City/State and Zip Code			
	tonypr84@gmail.com			
	E-mail address: (	to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please ca	all:		
Mike Town		800 773-0888		
Name c	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 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 Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records. Liability Company)	1
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L24000116120		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	Zephyrhills, FL 33542	
		2024 (
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		10 = 1
		- 1 3 B
B. If amending the registered agent and/or registered of	ffice address on our records,	enter the name of th
registered agent and/or the new registered office address her	<u>e</u> :	27
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Zip Code
	City	ги Сойс

If Changing Registered Agent, Signature of New Registered Agent

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 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
*****************			□ Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
			Add
			Remove
			Change
			Change
		<del></del> -	
			□ Remove
			Change
			Add
			☐ Remove
			□ Change

	Page: 06 of 26	2024-11-26 15:34·11 PST	13236068205	From: Rejiv Sri
D. It am	iending any other inform	ation, enter change(s) here: (Attach a	aditional sheets, if necessary.)	
		<u> </u>		
	16.1.2.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			
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				<del></del>
E. Effec	tive date, if other than th	e date of filing:	(optional)	
(Han el	Prective date is listed, the date m	e date of filing:	g or more than 90 days after filing.) Pursuar	nt to 605.0207 (3)(b)
		Department of State's records.	ming requirements, this date will not	be listed as the
		ed effective date, but not an effect	ive time, at 12:01 a.m. on the	earlier of:
(o) The	e 90th day after the re	coru is mea.		
Date	, 11/26/2024			
Dated	ı	··		
	/S/ Anthony P	aul Torres		
	<del> </del>	Signature of a member or authorized represer	itative of a member	
	Anthony Paul Torres			
		Typed or printed name of sig		

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Filing Fee: \$25.00