L24000276616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

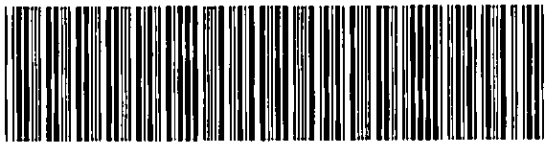
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. DENNIS
01-24-25

Office Use Only



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FILED
2025 JAN 24 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2025 JAN 24 PM 3:24

FLORIDA CAPITAL COURIER SERVICES. INC
2330 CLARE DRIVE
TALLAHASSEE. FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: $25.00
Authorization Signature

Hanley Pizza LLC L24000276616
Business #Document

Walk in ____ Will wait

_____ **Certified Copies of the articles**
_____ **Certificate of Status**

NEW FILINGS

____ Profit
____ Not for Profit
_X_ __LLC
_____ Domestication
_ __ INC
__ CORP
___ OTHER

AMENDMENTS

__X__ Amendment
_____Resignation of R.A.
____ Change of Registered Agent
____ Revocation of Dissolution
____ Conversion
__ __Statement of Authority
____ Merger
__ Amended and Restated Articles

OTHER FILINGS

____TRANSMITTAL LETTER

____Fictitious Name

_____ Statement of Authority

____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

__ Foreign Filing
____ Partnership
____Reinstatement
____ Statement of CORRECTION

____Domestication of a Foreign Corp.

_____ ____Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: HANLEY PIZZA LLC
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:

PARVEZ SHARIFIPOUR
Name of Person

HANLEY PIZZA LLC
Firm/Company

3406 W EL PRADO BLVD
Address

TAMPA, FLORIDA 33629
City/State and Zip Code

psharif1980@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Parvez Sharifipour at (518) 378-6959
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the 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, FL 32314

Street Address:
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

FILED
2025 JAN 24 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Hanley Pizza 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 06/18/2024 and assigned Florida document number L24000276616.

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Masood Sharifipour
3406 w el prado blvd
Tampa. Florida 33629

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

City, **Florida** *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

Title	Name	Address	Type of Action
AMBR	Masood Sharifipour	29558 cedar waxwing dr	■ Add
		wesley chapel florida 33545	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

Masood Sharifipour 50% owner

Parvez Sharifipour 50% owner

EIN number - 99-3616068

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 21, 2025

Signature of a member or authorized representative of a member

Parvez Sharifipour

Typed or printed name of signee

Filing Fee: $25.00