L24000290742

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COVER LETTER

TO: Registration Se Division of Cor			
Pizza Plus, SUBJECT:			
SUBJECT.	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	James Douglas Pulver		
		Name of Person	
	Pizza Plus, LLC		
		Firm/Company	
	404 Gardenwood Pl.		
		Address	
	Valrico, FL 33594		
		City/State and Zip Code	
	Golfindoors@gmail.com		
		to be used for future annual report n	otification)
For further information of	concerning this matter, please ca	ill:	
David Rakiec		801 560-0539	
Name o	f Person	at () Area Code Days	time Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fec, 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

lity Company as it now appears on our records, The Articles of Organization for this Limited Liability Company were filed on Pizza Plus, LLC and assigned Florida document number L24 000 290 742 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) 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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, 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
Chair/CE0	James Pulver	404 Gardenwood Place, Valrico FL 33594	= Add
			□Remove
			□Change
Pres./Treas.	Stephen Taylor	104 North Munn Ave., Newark NJ 07106	= Add
			□Remove
			□Change
V.P./ Secir.	David Rakiec	8926 South Midvalley Drive, West Jordan Utah 8408	8 ≘ Add
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Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Depres	be specific and cannot be park does not meet the app	plicable statutory fili		ing.) Pursuant to 605.0207 (
ne record specifies a delayed effective or ord is filed.	date, but not an effectiv	ve time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
September 3	2024			
Dated September 5	· <u>-</u> -	 ·		
AAA	1 Tack			
VI VINU L				
Si	ignature of a member or a	uthorized representativ	e of a member	

Filing Fee: \$25.00