From Corporate Service Center Inc 1.702.507.9682 Thu Aug 8 13:05:54 2024 MDT Page 1 of 4



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : 120240000004 Phone : (775)329-7721 Fax Number : (775)376-9207

\*\*Enter the email address for this business entity to be used for fullure annual report mailings. Enter only one email address please. \*\*

Email Address: Vargospizzeria@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VARGO'S BUFFALO STYLE PIZZA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VARGO'S BUFFALO		
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appears on our records.) ,mbility Company)	
he Articles of Organization for this Limited Liability Company	were filed on 07/03/24	and assigned
forida document number L24000300176		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited fish	illty company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	806 S Riverside Dr.	
Principal office address MUST BE A STREET ADDRESS)	Steinhalchee, FL 32359	~~ <u>~</u>
	w.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Inter new mailing address, if applicable:	806 S Riverside Dr.	
Mailing address MAY BE A POST OFFICE BOX)	Steinhatchee, FL 32359	
Enter new mailing address, if applicable:  Mailling address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of the registered of the address here	Steinhatchee, FL 32359  ffice address on our records,	AN 7:18
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
***************************************	City	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 fifte, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Tide	Name	Address	Type of Action
MGR	Robert Vargo	806 S. Riverside Dr	D Add
		Steinhatchee, FL 32359	☐ Remove
			☐ Change
MGR Y	Yaroslav Zapisochnyi	806 S Riverside Dr.	<b>D</b> Add
		Steinhatchee, EL 32359	☐ Remove
			☐ Change
			Add
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			Chance.

sumending any other information, enter change(s) here: (Attach additional sh	ieets, if necessa	אני	
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ffective date, if other than the date of filing: N/A an effective date is listed, the date must be specific and cannot be prior to date of filing or more than tote: If the date inserted in this block does not meet the applicable statutory filing requi- ocument's effective date on the Department of State's records	(optional 190 days after filin rements, this date	g ) Porsi	usser to 601,0297 ( of be listed as t
e record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	at 12:01 a.m.	on th	se earlier of:
ated 7/31 2004			
Pated 7/31 2004  Roll Commented for Sutherfred representative of a member or sutherfred representative of a member of sutherfred representative of sutherfred r	- inher		

Page 3 of 3

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