L24 000 321 601

(Re	equestor's Name))
		
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	se #)
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COVER LETTER

	egistration Se vivision of Cor			
CUDIECT	Dominicks	Pizza LLC		
SUBJECT	l:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ип all correspo	ndence concerning this matter	to the following:	
		Robert McClemon		
			Name of Person	
		Robert J McClemon CPA		
			Firm/Company	
		3215 NW 10th Terrace S	te 205	
			Address	
		Ft Lauderdale, Fl. 33309		
			City/State and Zip Code	
		rjmmdt@aol.com		(desiles)
For further	r information c	e-man address: (oncerning this matter, please c	to be used for future annual report not all:	neation)
Robert Mo	cClernon CPA		954 563-9004 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	failing Addres		Street Address: Registration Se	ection
Registration Section Division of Corporations		<u> </u>	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
7	Callahassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ity Company as it now appears on our reci la Limited Liability Company)	ords.)
Company were filed on July 19, 2024	and assigned
nited liability company here:	
nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
RESS)	.: N
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	, N
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- <u></u>	8
ed office address on our records, <u>en</u> t	ter the name of the new register
Enter Florida street add	dress
	Pl23-
City	Florida Zip Code
	Enter Florida street add

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Fimiano Foods LLC	841 Mockingbird Lane	≅Add	
		Plantation Florida 33324	□ Remove
			□Change
MGR Nicole Fimiaπο	Nicole Fimiano	841 Mockingbird Lane	□Add
		Plantation Fl. 33324	■ Remove
			□Change
			______\
			□Remove
			Change
			□Remove
			□Change
		DAdd	
			□ Remove
		Change	
			□Remove
			□Change

). If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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(If an effective Note: If the	ate, if other than the date of filing: 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 (a date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
the record spe cord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated July	24 , 2024 , Q ,
_	Signature of a member or authorized representative of a member
î -	Nicole Fimiano Typed or printed name of signee

Filing Fee: \$25.00