

62466-0000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

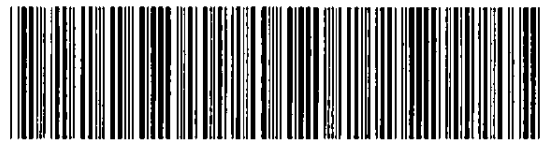
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700435864307

09/03/24--01047--010 **25.01

RECEIVED
STATE
09/03/24 AM 11:07
TALLAHASSEE, FL

6/8/03/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Wilton 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:

Russell Govey

Name of Person

Wilton Pizza LLC

Firm/Company

1428 NE 4th Ave

Address

FT Lauderdale FL 33304

City/State and Zip Code

Justeen Knighton @ 6MWHIL.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Russ Govey

Name of Person

at

(954)

Area Code

295 2807

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**

Wilton 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 7/19/2024 and assigned
Florida document number 24000321762.

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)

RECEIVED
JUL 19 2024
11:07 AM
STATE
OF FLORIDA
SECRETARY

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

_____, Florida _____
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 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>	<u>Address</u>	<u>Type of Action</u>
AR	Austin Williams	1428 NE 4th Ave	<input type="checkbox"/> Add
		Ft Lauderdale FL 33304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Kevin Schliessman	3600 coco lake drive	<input checked="" type="checkbox"/> Add
		coconut creek FL 33073	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Manuela Tenorio	3600 coco lake drive	<input checked="" type="checkbox"/> Add
		coconut creek FL 33073	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF FLORIDA
COUNTY OF MIAMI
JAN 11 2011 11:07 AM
D

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

REC'D - 3 APR 11:07
U.S. DEPT. OF STATE
OFFICE OF THE ASSISTANT SECRETARY FOR

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

August 25, 2024

Signature of a member or authorized representative of a member

Russell Govey

Typed or printed name of signee