

11123000009192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

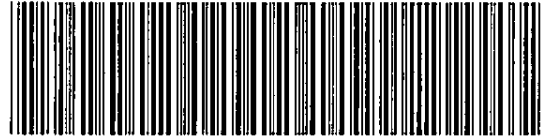
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TALLAHASSEE, FL

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07/12/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Vabbe Florida 03 LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Goldfarb  
Name of Person

Vabbe Florida 03 LLC  
Firm/Company

3930 N 29th Ave  
Address

Hollywood, FL 33020  
City/State and Zip Code

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

For further information concerning this matter, please call:

Brian Goldfarb at ( 702 ) 370 3615  
Name of Person Area Code & Daytime Telephone Number

**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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee    ☒ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Vabbe Florida 03 LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

- Same -

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

- same -

2. The Florida document number of this limited liability company is: M23 000007192

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 6/2/23

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Vabbe Pizza LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: - Same -

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

\_\_\_\_\_  
Signature of the authorized representative

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT  
OF CERTIFICATE OF FORMATION

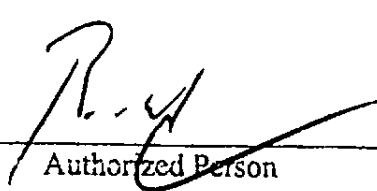
The undersigned authorized person, desiring to amend the limited liability company formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Vabbe Florida 03 LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Article 1 Name of Limited Liability Company: please change to "Vabbe Pizza LLC"

By: \_\_\_\_\_

  
Authorized Person

Name: \_\_\_\_\_

Brian Goldfus (CFO)  
Print or Type



# State of Delaware

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 898  
DOVER, DELAWARE 19903

8929865

08-12-2024

VABBE FLORDIA 03 LLC  
3930 N 29TH AVE  
HOLLYWOOD, FL 33020

ATTN: BRIAN GOLDFUS

DESCRIPTION	AMOUNT
7468461 - VABBE PIZZA LLC 0240Y Amendment Name	
Amendment Fee	\$180.00
Court Municipality Fee, Wilm.	\$40.00
Expedite Fee, 24 Hour	\$100.00
TOTAL CHARGES	\$320.00
TOTAL PAYMENTS	\$320.00
BALANCE	\$0.00



HOME

Entity Details

THIS IS NOT A STATEMENT OF GOOD STANDING

Incorporation Date /  
Expiration Date  
(mm/dd/yyyy)

5/17/2023  
(mm/dd/yyyy)

Entity Number: 7488441

Entity Name: VABBE PIZZA LLC

Entity Model: Limited Liability Company

Residency: Domestic

Entity Type: General

State: DELAWARE

REGISTERED AGENT INFORMATION

Name: CORPORATION SERVICE COMPANY

Address: 281 LITTLE FALLS DRIVE

City: WILMINGTON

State: DE

Phone: 302-438-8401

County: New Castle

Postal Code: 19808

Additional information is available for a fee. You can retrieve Status for a fee of \$10.00 or more detailed information including current franchise tax assessment, current filing history and more for a fee of \$20.00.

Would you like ☐ Status ☐ Status, Tax & History information

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