

P20 0000 66756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

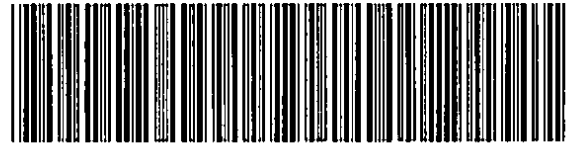
(Document Number)

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00/24/21 01015-000 4.25.00

2021 JUN 24 PM 5:29

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FTPZ PIZZA INC

DOCUMENT NUMBER: P20000066756

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEAN KINGSTON

Name of Contact Person

D&S MANAGEMENT SERVICES INC

Firm/ Company

9116 GRIFFIN RD

Address

COOPER CITY, FL 33328

City/ State and Zip Code

DEAN@DSCPAFL.COM

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

For further information concerning this matter, please call:

DEAN KINGSTON at (954) 680-7759 EXT. 230
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FTPZ PIZZA INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000066756

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

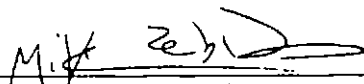
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent MOHAMMAD ZEBIB
607 SW 11TH CT
(Florida street address)
New Registered Office Address: PALM CITY, Florida 34990
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>X</u> Change	<u>P</u>	<u>MOHAMMAD ZEBIB</u>	<u>607 SW 11TH CT</u>
<u> </u> Add			<u>PALM CITY, FL 34990</u>
<u> </u> Remove			
2) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
3) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
4) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
5) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
6) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>

F. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

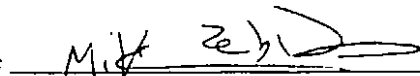
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____."
(voting group)

Dated 06/18/2021

Signature



(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MOHAMMAD (MIKE) ZEBIB

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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Detail by Entity Name

Florida Profit Corporation

FTPZ PIZZA INC

Filing Information

Document Number P20000066756
FEI/EIN Number 85-2778267
Date Filed 08/21/2020
State FL
Status ACTIVE

Principal Address

300 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984

Mailing Address

9116 GRIFFIN RD
COOPER CITY, FL 33328

Registered Agent Name & Address

MIKE, ZEBIB
607 SW 11TH CT
PALM CITY, FL 34990

Officer/Director Detail

Name & Address

Title P

ZEBIB, MIKE
607 SW 11TH CT
PALM CITY, FL 34990

Title VP

ZEBIB, TARICK
607 SW 11TH CT
PALM CITY, FL 34990

Annual Reports

Report Year	Filed Date
2021	01/26/2021

Mohammad Zebib

FTPZ PIZZA INC

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FLORIDA DEPARTMENT OF STATE

Payment Number

00000000000000378

Check Date

06/18/2021

Check Number

005334

Voucher Number	Invoice Number	Invoice Date	Outstanding Amt	Net Paid Amt	Discount Taken	Write Off	Net Check Amt
00000000000000417	AMMENDMENT 06.18.2	06/18/2021	\$35.00	\$35.00	\$0.00	\$0.00	\$35.00

TOTALS:	\$35.00	\$35.00	\$0.00	\$0.00	\$35.00
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FTPZ PIZZA INC

300 S.W. PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984

WELLS FARGO**00533****Pay** Thirty Five Dollars and 00 Cents

DATE	AMOUNT
Jun 18, 2021	\$35.00

to the Order of:

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

FTPZ PIZZA INC

35

FLORIDA DEPARTMENT OF STATE

Payment Number

00000000000000378

Check Date

06/18/2021

Check Number

005334

Voucher Number	Invoice Number	Invoice Date	Outstanding Amt	Net Paid Amt	Discount Taken	Write Off	Net Check Amt
00000000000000417	AMMENDMENT 06.18.2	06/18/2021	\$35.00	\$35.00	\$0.00	\$0.00	\$35.00

TOTALS:	\$35.00	\$35.00	\$0.00	\$0.00	\$35.00
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