

LO90000 96897

(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



900269719389

02/20/15--01023--010 **43.75

FILED
15 MAR 10 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 11 2015

707



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2015

ARNALDO DIAZ
99620 OVERSEAS HWY
KEY LARGO, FL 33037

SUBJECT: DENNY'S "2" PIZZERIA, LLC
Ref. Number: L09000096893

We have received your document for DENNY'S "2" PIZZERIA, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 915A00004042

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Denny's 2 Pizzeria, LLC

DOCUMENT NUMBER: LOF000096893

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

Please return all correspondence concerning this matter to the following:

Arnaldo DIAZ
Name of Contact Person

Denny's 2 Pizzeria, LLC
Firm/ Company

99620 Overseas Hwy
Address

Key Largo, FL 33037
City/ State and Zip Code

Bunraku22@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fredrick Jackson at (912) 271-4146
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:

☒ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Denny's "2" Pizzeria 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 _____ and assigned
Florida document number _____.

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 end with 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)

99620 Overseas Hwy
Key Largo, FL 33037

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

32240 SW 19th Ave
Homestead, FL 33030

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:

FREDRICK JACKSON

New Registered Office Address:

32240 SW 19th Ave

Enter Florida street address

Homestead

City

Florida

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Arnaldo DIAZ	P.O. Box 861	☐ Add
		Key Largo, FL 33037	☒ Remove
MGR	Gilda DIAZ	P.O. Box 861	☐ Add
		Key Largo, FL 33037	☒ Remove
P.T.	FREDRICK JACKSON	32240 SW 199th Ave	☒ Add
		Homestead, FL 33030	☐ Remove
V.P.	Petra JACKSON	32240 SW 199th Ave	☒ Add
		Homestead, FL 33030	☐ Remove
MGR	Karen Venick Medical	10920 N.W. 6 Court	☒ Add
		Plantation, FL 33324	☐ Remove
			☐ Add
			☐ Remove

FILED
15 MAR 10 AM 9:56
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____, _____.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
15 MAR 10 AM 9:55
CLERK OF STATE
TALLAHASSEE, FLORIDA