L18000054916

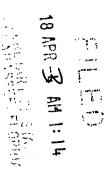
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J. LEGGETT APR 0 4 2018

COVER LETTER

	gistration Sect vision of Corp	
CUBIRCY.		DITERRANEAN BAR & GRILL LLC
SUBJECT:		Name of Limited Liability Company
The enclosed	d Articles of A	mendment and fee(s) are submitted for filing.
Please return	all correspond	dence concerning this matter to the following:
		MARWAN KADDOURA
		Name of Person
		SOFRA MEDITERRANEAN BAR & GRILL LLC
	•	Firm/Company
		PO BOX 788
		Address
		GOTHA, FL 34734 .
		City/State and Zip Code
		MUSALLAMS@AOL.COM E-mail address: (to be used for future annual report notification)
For further in	nformation cor	ncerning this matter, please call:
MARWAN	KADDOURA	407 421-8971 at (
	· Name of I	
Enclosed is	a check for the	following amount:
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOFRA MEDITERRANEAN BAR (<u>Name of the Limit</u>		ny as it now appears on our records Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Li Florida document number L18000054916			and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
PIZZA 52 LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applications	able:	5341 WATERVISTA DRIVE	3 11
(Principal office address MUST BE A STREE	T ADDRESS)	ORLANDO, FL 32821	
			96 W
			三
Enter new mailing address, if applicable:		PO BOX 788	
(Mailing address MAY BE A POST OFFICE A	BOX)	GOTHA, FL 34734	
B. If amending the registered agent and/ registered agent and/or the new registered of			, enter the name of the n
Name of New Registered Agent:	MARWAN KA	ADDOURA	
New Registered Office Address:	PO BOX 788 ·		
1.5% Augusted Office Hadilege.		Enter Florida street address	5
	GOTHA	, Flo	orida 34734
		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 Charging 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	BREWSTER, NAYROUZ	PO BOX 788	
		GOTHA, FL 34734	■ Remove
			☐ Change
MGR	MUSALLAM, SULEIMAN	5341 WATERVISTA DRIVE	
	•	ORLANDO, FL 32821	Remove
			Change
			□ Add
			🗆 Remove
			Change
	<u> </u>		Add
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ective date, if other than the	data of filings	(optic	anal)
n effective date is listed, the date mus	t be specific and cannot be prior to date of	filing or more than 90 days after	filing.) Pursuant to 605.02
ite: If the date inserted in this blocument's effective date on the Do	ock does not meet the applicable statu epartment of State's records.	tory filing requirements, this	date will not be listed
record specifies a delayed	effective date, but not an effe	ective time, at 12:01 a	ı.m. on the earlier
he 90th day after the reco	ord is filed.		
, MARCH 27TH	2018		
ted	<u></u>		
	1.1/1		

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Typed or printed name of signee

Filing Fee: \$25.00