

L180000054916

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J. LEGGETT
APR 04 2018

J. LEGGETT
APR 04 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOFRA MEDITERRANEAN BAR & GRILL 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:

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 information concerning this matter, please call:

MARWAN KADDOURA at (407) 421-8971
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/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 & GRILL 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 03/01/2018 and assigned
Florida document number L18000054916

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PIZZA 52 LLC

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)

5341 WATERVISTA DRIVE

ORLANDO, FL 32821

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 788

GOTHA, FL 34734

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:

MARWAN KADDOURA

New Registered Office Address:

PO BOX 788

Enter Florida street address

GOTHA

City

Florida 34734

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>
MGR	BREWSTER, NAYROUZ	PO BOX 788	<input type="checkbox"/> Add
		GOTHA, FL 34734	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MUSALLAM, SULEIMAN	5341 WATERVISTA DRIVE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32821	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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18 APR - 3 APR 1:14

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Dated MARCH 27TH 2018

Signature of a member or authorized representative of a member

MARWAN KADDOUR/A

Typed or printed name of signee