

L24000299956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

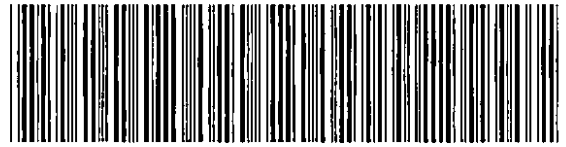
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RECEIVED

2024 JUL 18 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2024 JUL 22 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-4666

WALK IN

PICK UP: BROOK 7/18

- CERTIFIED COPY _____
- XX PHOTOCOPY _____
- GS _____
- XX FILING LLC AMEND _____

1. BURT PIZZA PASSIONE LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BURNT PIZZA E PASSIONE 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:

Anthony LaFranca
Name of Person
Firm/Company
20455 Napa Loop
Address
Estero, Florida 33928
City/State and Zip Code
alafranca1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony LaFranca at (732) 580-3767
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



Corrected

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2024

CORPORATE ACCESS

SUBJECT: BURNT PIZZA E PASSIONE LLC
Ref. Number: L24000299956

We have received your document for BURNT PIZZA E PASSIONE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Have to file Articles of Correction to change effective date.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 124A00015871

RECEIVED
2024 JUL 22 PM 4:25
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

FILED

BURNT PIZZA E PASSIONE LLC

2024 JUL 22 AM 9:40

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FLORIDA STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/3/2024 and assigned

Florida document number L24000299956.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

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	Anthony LaFranca	20455 Napa Loop	<input checked="" type="checkbox"/> Add
		Estero, FL 33928	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anthony Pira	20482 Napa Loop	<input checked="" type="checkbox"/> Add
		Estero, FL 33928	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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