10/24/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone Fax Number

: (323)962-8600 : (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:			
CINGLE	AUUI ESS.		 _	

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TO:

Registration Section

COVER LETTER

Division (i)							
PES CAI							
SUBJECT: Name of Limited Liability Company							
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.					
Please return all corres	pondence concerning this matter	to the following:					
	Cheyenne Moseley						
	Name of Person						
	Legatzoom.com, Inc.						
Firm-Company							
101 N Brand Blvd Hth Fl							
Address							
Glendale, CA 91203							
		City/State and Zip Code					
	alpc300@gmail.com						
	E-mail address: (to be used for future annual report noti	fication)				
For further information	concerning this matter, please co	nlf:					
Cheyenne Moseley		800 773-0888					
Name of Person		at ()	e Telephone Number				
Enclosed is a check to	r the following amount:						
□ S25.00 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/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle				

PES CAPITAL PARTNERS, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000007583</u>	SECTION AND APPEARAGE	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabit	hy Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	915 N Franklin St., Unit 1002	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33602	
Enter new mailing address, if applicable:	915 N Franklin St., Unit 1002	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33602	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	office address on our records, <u>enter the name of the ne</u> e:	
New Registered Office Address:	EnterFloridastreet address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agreerovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	
H Cha	inging 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>	Name .	Address	Type of Action
AMBR	Alejandro Perez Macias	915 N Franklin St., Unit 1002	🗆 Add
		Tampa, F1, 33602	□ Remove
			☐ Change
AMBR	Jose Hoyos	915 N Franklin St., Unit 1002	□ Add
		Tampa, FL 33602	☐ Remove
			_ ☐ Change
			Add
			Remove
			Change
			□ Remove
			☐ Change
			□ Add
			Remove
			Change
			☐ Remove
			Change

To.

(b) The 90th day after the record is filed.

fenature of a member of suthorized representative of a member Alejandro Perez Macias Typed or printed name of signed

Page 3 of 3

Filing Fee: \$25.00