Florida Department of State

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Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations Fax Number : (850)617-6383	Least 1	F ! L JUL 23	
From:	Account Name : SOMERSET CORPORATE SERVICES Account Number : I20160000077			1

: (305)655-3425

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

"Email Address: Mayla & Whellvo sen. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PIEFEDE HOLDINGS, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

H190002211403,

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIEFEDE HOLDINGS, LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on om, tecorqs ^e)
The Articles of Organization for this Limited Liability Company were filed on	07/2015 and assigned
Florida document numberL15000134821	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," (the de	signation "LLC" or the abbreviation "LEE."
Enter new principal offices address, if applicable:	3 N N
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	9.7 5. 9.7 9. 9.7 9.7 9.7 9.7 9.7 9.7 9.7 9.7 9.7 9.7
(Mailing address MAY BE A POST OFFICE BOX)	
R. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Flori	ida strevi address
	, Florida
City	Zip Cade
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 Agont, Signature of Now Registered Agent

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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>Tide</u>	Name	Address	Type of Action
MGR	EDUARDO BECHARA	1627 Brickell Avenue #1907	Add
		Miami, FL 33134	■ Remove
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. If amen	ding any other information, enter change(s) here: (Attach additional sheets, If necessary)		
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Note: I docume	e date, if other than the date of filing:	e listed as H	h¢
	c /d / 00 kg		
Dated_	6/1/2019.		
	Olduana Comero		
	Signature of a member or authorized representative of a number	-	
	Adriana Romero de Beeliura / Manager		
	Typed or printed dame of signee	_	
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Filing Fee: \$25.00