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S. WARREN AUG 0 1 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TRENDING FIT	me of Limited Liability Company
	,
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning to	his matter to the following:
HIGUEL RUIZ ESQUERGZ Name of Person	
PITK PELOTAS S.L	
Firm/Company	
Polibono INDUSTRIAL HOREA SO Address BERIAIN - NAVARRA - SPAIN City/State and Zip Code into @ pitk . net E-mail address: (to be used for future an	(31191)
For further information concerning this matter	
MIGUEL RUIZ ESQUINOZ	m (6634) 636 40 47 46
Name of Person	at (6634) 636 40 47 46 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the followin	g amount:
🗖 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

「Name of the Limited (A	V6 年(T し(Liability Compan Florida Limited Li	as it now appearability Company)	rs on o	ur records.)		· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liab Florida document number <u>L 160000 3 8 8 1</u>	oility Company v				16	and assigned
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liabil	ty company h	<u>ere</u> :			
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	v Company," the c	designat	tion "LEC" or t	the at	obreviation "L.L.C."
Enter new principal offices address, if applical	ole:	2221 3	sw_	32.2	A	IENUE
(Principal office address MUST BE A STREET	ADDRESS)	HIAMI,	FL	33145		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>0X)</u>	2221 . MIAMI,	SW FL	32 nd	<u> </u>	NENUE
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address or	n our	records, <u>er</u>	<u>ster</u>	the name of the new
Name of New Registered Agent:	ORESTES	TRIANA		.		
New Registered Office Address:	2221 SW	32nd A Enter Flo	4 ve r rida stre	IUE vet address		
						3 3 14 S Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:					
I hereby accept the appointment as registered	agent and agree	to act in this	сарас	ity. I further	r agi	ree to-eymply with the

If Changing Registered Agent, Signature of New Registered Agent

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. Thereby confirm that the limited liability.

company has been notified in writing of this change.

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	UNEREZ GARCIA, OSCAVL	16400 NE 17TH AVENUE APTSOZ	
		HIANI BEACH, FL, 3316 Z	⊠ Remove
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ective date, if other than n effective date is listed, the dat te: If the date inserted in th	e must be specific and c its block does not me	cannot be priceet the appli	or to date of tiling or n icable statutory tilin		s after tiling.) P	
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record specifies a dela he 90th day after the	record is filed.	2017 #			01 a.m. or	the earlier
record specifies a delate on the specifies and delate on t	record is filed.	2017 Hember or aut	horized representative		01 a.m. or	. 17 Jul

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