

**L20 000 252649**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

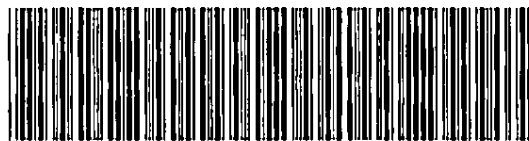
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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1/27/21  
[Signature]

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: PAID BY PIPS, L.L.C.  
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:

AKIL PEOPLES  
Name of Person

PAID BY PIPS, L.L.C.  
Firm/Company

PO BOX 641115  
Address

MIAMI/ FLORIDA/ 33164  
City/State and Zip Code

PAIDBYPIPSLLC@GMAIL.COM  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTORIA HOLDER at ( 305 ) 528-2494  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                  |                                                                                                                                       |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

**PAID BY PIPS, L.L.C.**

(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 08/17/2020 and assigned  
Florida document number L20000252649.

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 "L.L.C." 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)

|                      |                     |       |
|----------------------|---------------------|-------|
| _____                | 2020 DEC 17 PM 3:32 | FILED |
| _____                |                     |       |
| PO BOX 641115        |                     |       |
| MIAMI, FLORIDA 33164 |                     |       |
| _____                |                     |       |

**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          | AKIL PEOPLES    | 14601 GARDEN DRIVE            | <input checked="" type="checkbox"/> Add    |
|              |                 | MIAMI, FLORIDA 33168          | <input type="checkbox"/> Remove            |
|              |                 |                               | <input type="checkbox"/> Change            |
| MGR          | VICTORIA HOLDER | 15843 NW 11TH STREET          | <input type="checkbox"/> Add               |
|              |                 | PEMBROKE PINES, FLORIDA 33028 | <input type="checkbox"/> Remove            |
|              |                 |                               | <input checked="" 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               |
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|              |                 |                               | <input type="checkbox"/> Change            |
|              |                 |                               | <input type="checkbox"/> Add               |
|              |                 |                               | <input type="checkbox"/> Remove            |
|              |                 |                               | <input type="checkbox"/> Change            |

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

FISCAL YEAR = (JANUARY 01 - DECEMBER 31)

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing ) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated NOVEMBER 15, 2020

Victoria Holder

Signature of a member or authorized representative of a member

VICTORIA HOLDER

Typed or printed name of signee

**Filing Fee: \$25.00**