122000274509

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: Signature |
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Office Use Only



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A 2022 2022

COVER LETTER

| Pitacho SUBJECT: | Sacoto LLC | | |
|-------------------------|--|---------------------------------------|---|
| SUBJECT: | N | lame of Limited Liab | ility Company |
| Dear Sir or Madam: | | | |
| The enclosed Stateme | ent of Correction and fee(s) a | re submitted for filing | <u>ų</u> . |
| Please return all corre | espondence concerning this n | natter to the following | g: |
| Nick Sacoto | | | |
| | Name of Person | | - |
| Pitacho Sacoto LLC | | | |
| | Firm/Company | · · · · · · · · · · · · · · · · · · · | - |
| 3521 SW 41 ave | | | |
| | Address | | - |
| West Park, Florida 3. | 3023 | | |
| | City/State and Zip Code | | - |
| nicksacoto@gmail.co | | | |
| E-mail address: | (to be used for future annual | report notification) | _ |
| | | | |
| For further information | on concerning this matter, ple | ease call: | |
| Nick Sacoto | | 973 at (| 8140798 _) |
| Nar | ne of Person | Area Code | Daytime Telephone Number |
| Division o P.O. Box | on Section of Corporations | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303 |
| Enclosed is a check | for the following amount: | | |
| □\$25 Filing Fee | ☐ \$30 Filing Fee & Certificate of Status | □\$55 Filing Fee & Certified Copy | \$60 Filing Fee, Certificate of Status & Certified Copy |

CR2E062 (9/15)

ARTICLES OF ORGANIZATION OF

| Pitacho Sacoto LLC | | | |
|---|---|-----------------------------|---------------------------------------|
| (Name of the Limited Liability-Compa (A Florida Limited | iny a <u>vit now appea.</u> Liability Company) | rs on our records.) * 1 | -11 |
| | | -024 UL.1 17 | AH 8 in Assigned |
| The Articles of Organization for this Limited Liability Company | were filed on 3m | ne 16, 2022 | and assigned |
| Florida document number 1.22000274509 | | TALL MAN | OE STATE |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | oility company h | <u>ere</u> : | |
| Pistacho Sacoto LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the c | lesignation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | N/A | | · · · · · · · · · · · · · · · · · · · |
| | | | |
| Day and the address of amplicables | | | |
| Enter new mailing address, if applicable: | N/A | <u>-</u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered office | address on our i | records, <u>enter the n</u> | ame of the new registere |
| agent and/or the new registered office address here: | | | |
| NA NA | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | D 12 | | |
| | Enter 140 | rida street address | |
| | | Florida | - Zin Codo |
| | City | | гір Соас |
| New Registered Agent's Signature, if changing Registered Agent | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as | 2 performance o | f my duties, and La | m familiar with and |

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

| | - | - | | - | - | - | - | - | | |
|--|---|---|------|-------|-------|---|---|---|--|--|

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|---|----------------|
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| ffactive date | if other than the dat | e of filing: | | | (optional) | |
| Fan effective da | is listed, the date must be e inserted in this block | specific and canno | t be prior to date of | filing or more than | 90 days after filing.) P | ursuant to 605.020 H not be listed a |
| locument's of | ctive date on the Depar | tment of State's | records. | | | |
| | | | | | | |
| | s a delayed effective da | te, but not an eff | lective time, at 13 | 2:01 a.m. on the c | arlier of: (b) The ⁽ | 00th day after the |
| d is filed. | | | | | | |
| June 17 Dated | | 202 | 2 1 | ~2 | | |
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| Dated | | | 1 | | | |
| Dated | | | | | | _ |
| Dated | Sign | nature of a membe | or author trep | resentative of a me | mber | |

Filing Fee: \$25.00



September 28, 2022

NICK SACOTO 3521 SW 41 AVE WEST PARK, FL 33023

SUBJECT: PITACHO SACOTO LLC

Ref. Number: L22000274509

We have received your document for PITACHO SACOTO LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 422A00021472

UUT 17 2022

www.sunbiz.org