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VIII

COVER LETTER

Division of Co	orporations	v	•
109 PIT L	LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	TANIA CONESA		
		Name of Person	
		Firm/Company	
	1714 46TH STREET		
		Address	
	NORTH BERGEN, NJ 07	047	
		City/State and Zip Code	
	ttconesa26@gmail.com	to be used for future annual report noti-	(ication)
For further information	concerning this matter, please of		,
TANIA CONESA		201 923-1237 at ()	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 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)
<u>Mailing Addr</u> Registration		Street Address: Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

TOO DIT LEG

109 PTI LLC	<u> </u>	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L22000522100	Company were filed on 12/13/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	d office address on our records, <u>enter th</u>	2023 AUG - 8 PH L: 15 e name of the new register e name
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida

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>	Address	Type of Action
MGR	EMILIO CONESA	1085 WEST 68TH STREET	□Add
		HIALEAH, FL 33014	≡ Remove
		.	□Change
MGR	PEDRO MARTINEZ	1085 WEST 68TH STREET # 109	= Add
		HIALEAH, FL 33014	□Remove
			□Change
	<u> </u>		□Add
			□Remove
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<u>te:</u> If the	date inserted in this	ne date of filing: ust be specific and cannob block does not meet in Department of State's	e applicable statu	offling or more than 90 story filing require:	(optional) 0 days after filing.) Pursuments, this date will n	uant to 605.020 of be listed as
cord spe s filed.	cifies a delayed effect	ive date, but not an eff	ective time, at 12	:01 a.m. on the ea	rlier of: (b) The 90th	day after the
ed <u>l</u>	dy 31, 200	Signature of a member	LOC	resentative of a mem	ber	
	/	•				
			\sim	Æ f signee		