11/000012961

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B. BOSTICK

OCT 18 2011

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ECT:	PIC	CUTZI, LLC	
5020			ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	oondence concerning this matte	r to the following:	
		G	ASTON F. BELEN, CPA	
			Name of Person	
	GFB TAX SERVICE LLC			
	Firm/Company			
	5210 SW 201ST TERR			
	Address			***************************************
		SOUTH	WEST RANCHES, FL 33332	ALL 11
			City/State and Zip Code	
	GASTONBELEN@GFBTAXSERVICE.COM			DO S.
For fur	ther information	E-mail address: concerning this matter, please	to be used for future annual report notification)	PH 5: 04 E. FLORID
	0.4.07.0	N. E. BELEW 654		S: OI
		ON F. BELEN, CPA of Person	at (754) 246-6160 Area Code & Daytime Telephone Nu	>
			respicie re	
Enclose	ed is a check for	the following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PICUTZI				
(Name of the Limited I (A)	<u>Liability Compan</u> Florida Limited Li	y as it now appears (ability Company)	on our records.		
The Articles of Organization for this Limited Liability Company were filed on 01/31/2011 and assigned Florida document number L11000012961					
This amendment is submitted to amend the follow	•				
A. If amending name, enter the new name of t	the limited liabil	lity company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company	," the designation "LI	C" or the abbreviation	
Enter new principal offices address, if applicable:		C/O GFB TAX SERVICE LLC			
(Principal office address MUST BE A STREET	'ADDRESS)	5210 SW 201ST TERR			
		SOUTHWEST	RANCHES, FL 3	3332	
Enter new mailing address, if applicable:		C/O GFB TAX SERVICE LLC			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	5210 SW 201ST TERR			
<i>'b</i>		SOUTHWEST RANCHES, FL 33332			
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office address here	ice address on our	records, enter th	e name of the new	
Name of New Registered Agent:	GASTON F.	BELEN	ည်း က လ လ	Section Sectio	
New Registered Office Address:	5210 SW 20	1ST TERR	013		
		Enter	Florida street addr	88 C	
	SOUTHW	EST RANCHES	► , Florida	33332	
		City		Zip Code	
New Registered Agent's Signature, if changing Re	-		Ä		
I hereby accept the appointment as registered the provisions of all statutes relative to the pro accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this co	oper and comple ered agent as pl egistered office o hange.	ete performance of rovided for in Chaj	my duties, and I ar oter 608, F.S. Or, i, onfirm that the lim	n familiar with and f this document is ited liability	

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action				
MGRM	EVERARDO R. LUBEL	C/O GFB TAX SERVICE LLC 5210 SW 201ST TERR SOUTHWEST RANCHES, FL 33332	Add Remove				
<u>MGRM</u>	CONRADO LUBEL	C/O GFB TAX SERVICE LLC 5210 SW 201ST TERR SOUTHWEST RANCHES, FL 33332	Add ☐ Remove				
MGRM	IVAN LUBEL	C/O GFB TAX SERVICE LLC 5210 SW 201ST TERR SOUTHWEST RANCHES, FL 33332	Add Remove				
<u>MGRM</u>	GUIDO LUBEL	C/O GFB TAX SERVICE LLC 5210 SW 201ST TERR SOUTHWEST RANCHES, FL 33332	Add Remove				
MGRM	EVERARDO R. LUBEL	20900 NE 30TH AVE #827 AVENTURA FL 33180	Add Remove				
			Add Remove				
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary)	SLOW STATES				
-		E, LORIDA	PI SOL				
Dated	OCTOBER 10TH ,	1/11 Gel					
	Signature of a member or authorized representative of a member						
	EVERARDO R. LUBEL Typed or printed name of signee						

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Filing Fee: \$25.00