## U16000031709

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## **COVER LETTER**

	egistration Se vision of Cor			
CUBIFOR		erty Services LLC		
SUBJECT	;	Name of Lim	ited Liability Company	<del> </del>
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	m all correspo	ondence concerning this matter	to the following:	
		Victoria Sidebotham		
			Name of Person	
		Pirate Property Services L	LC	
		·	Firm/Company	····
		1422 Arthur Street		
			Address	202 SE
		Hollywood, FL 33020		2022 NOV -7 AM 11: 25 SECRETARY 1.5 STEP 17: 25 TALL AT 1 STEEL FL
			City/State and Zip Code	-7
		thepirateslife4me.b307@gr		
			to be used for future annual report no	infication)
For further	information c	oncerning this matter, please c	all:	25
Victoria Si	debotham		850 598-4967 at ( )	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres	<del></del>	Street Address: Registration Se	ection
		orporations	Division of Co	-
	O. Box 632 allahassee, I		The Centre of 2415 N. Monro	Tallahassee De Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pirates Property Services LLC					
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on or Liability Company)	ır records.)		
The Articles of Organization for this Limited I	• • •	were filed on $\frac{02/15/20}{}$	16	and assig	gned
Florida document number L16000031709	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited lial	oility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designat	ion "LLC" or the abbrevi	ation "L.L.	.C."
Enter new principal offices address, if appli	cable:	N/A			
Principal office address MUST BE A STRE	ET ADDRESS)		-		
Enter new mailing address, if applicable:		N/A		2022	
Mailing address MAY BE A POST OFFICE	E BOX)			<u> </u>	1
				ا <u></u> ـــــــــــــــــــــــــــــــــــ	**************************************
B. If amending the registered agent and/or	registered office	address on our record	s, enter the name of	the new	registere
agent and/or the new registered office address				7 7 7	TEP
Name of New Registered Agent:	N/A		; <b>r</b>	i Oi	
New Registered Office Address:	N/A		•		
		Enter Florida stre	eet address		
			, Florida		
		City	Z	ip 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 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>	Type of Action
AMBR	NEIL SIDEBOTHAM	31 Kelly Ave NE Fort Walton Beach, FL 32548	🗆 Add
			<b>=</b> Remove
			Change
			□Add
			□Remove
			□ Change
<del></del>			SECRET/
			☐ Remove
			☐Change ***
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	109 - 7 167/34 164/35
	17 J
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10/10/2022	
	(optional)
te is listed, the date must be specific and cannot be prior to date of filing or more than 90 date inserted in this block does not meet the applicable statutory filing requirement	nts, this date will not be liste
fective date on the Department of State's records.	
ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	a or. (b) the yoth day after
2022	
er 19th 2022	
ictoria Sidebotham	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00