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R. W^{ie MT}

019 OCT - 1 PH 1:57

COVER LETTER

TO:	Registration Se Division of Cor					
CIO		RE PIO LLC				
SUBJECT:Name of Limited Liability Company						
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Pleas	e return all correspo	ndence concerning this matter	to the following:			
		CESAR GRILLON				
			Name of Person			
			Firm/Company			
		13327 SW 124th STREET				
		MIAMI, FL 33186	Address			
,		cegrillon@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report notifi	cation)		
For fi	urther information co	oncerning this matter, please ca	all:			
Cesa.	r Grillon		305 8503167			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclo	osed is a check for th	ne 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)		

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 OCT - 1 PH 1:57 PADRE PIO LLC (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 ______ _ and assigned Florida document number L03000039651 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) 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

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>	Name	<u>Address</u>	Type of Action
MMGR	CESAR GRILLON	13327 SW 124th STREET, MIAMI, FL 33186	Add
			☐ Remove
			Change
		<u></u>	□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
		C Add	
			☐ Remove
			D Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
. •	
•	
(If an e <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	SEMPTEMBER 19TH , 2019
	Signature of a member or authorized expresentative of a member
	CESAR GRILLON
	Typed or printed name of signee

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Filing Fee: \$25.00