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2/11/21 BA

COVER LETTER

TO:

	egistration Se vision of Cor			
SUBJECT:	Pineyro's H	oldings LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	rn all correspo	ondence concerning this matter	to the following:	
		Raul Pineyro		
		-	Name of Person	
			Firm/Company	
		14410 Cedar Court		
			Address	
Miami Lakes FL 33014				
			City/State and Zip Code	
		raulpineyro@cacophonyrea		
			to be used for future annual report noti	fication)
For further	information e	oncerning this matter, please co	all:	
Raul Piney	ro		305 970-1837	
	Name o	f Person	Area Code Daytim	e 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address:	ation
	egistration S ivision of C	Section Torporations	Registration Section Division of Corporations	
	O. Box 632		The Centre of T	-
Ta	allahassee. I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pineyro's Holdings LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited I	inv as it now appears on c Liability Company)	our records.)	
The Articles of Organization for this Limited	Liability Company	were filed on 9/28/200	06	and assigned
lorida document number L06000095587	·			
his amendment is submitted to amend the following	llowing:			
a. If amending name, enter the new name	of the limited liab	ility company here:		
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ition "LLC" or the ab	breviation L.L.C."
inter new principal offices address, if appli	icable:			<u></u>
Principal office address MUST BE A STRE	ET ADDRESS)			- J
Inter new mailing address, if applicable:		Raul Pineyro		-
Mailing address MAY BE A POST OFFICE	E BOX)	14410 Cedar Court		
		Miami Lakes FL 330	14	
3. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent:		address on our record	is, <u>enter the nam</u>	e of the new regist
	14410 Cedar Co	out	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		Enter Florida sti	reet address	.
	Miami Lakes		, Florida _ ³³⁰	014
		City	, i tortua	Zip 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 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	Raul Pineyro	14410 Cedar Court Miami Lakes FL 33014	■Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
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			□Change

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-	-	
	11/1/2020	
ective date, if other than the effective date is listed, the date mu	date of filing:	(optional) r more than 90 days after filing.) Pursuant to 605,020
te: If the date inserted in this blument's effective date on the D		ling requirements, this date will not be listed a
	oparation of State a records.	
cord specifies a delayed effective	e date, but not an effective time, at 12:01 a.r	m. on the earlier of: (b) The 90th day after the
s filed.		•
November 1	2020	
ed	 :	
	(0,1:/	
11/	1/1/cd - 1/21)	
	Signature of a member of authorized representat	ive of a member

Filing Fee: \$25.00