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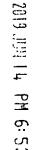
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	PINTO PA	LMA SOUND LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		PABLO DIAZ		
			Name of Person	- · · · · · · · · · · · · · · · · · · ·
		PINTO PALMA SOUND		
			Firm/Company	
		23637 SOUTHWEST 133	RD AVENUE	
			Address	
			City/State and Zip Code	
		HOMESTEAD, FL 33032		
		E-mail address: (to be used for future annual report notific	cation)
For further in	formation co	oncerning this matter, please ca	all:	
PABLO DIA	Z		786 886-7067	
······································	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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:

Registration Section

TO:

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



PINTO PALM	MA SOUND LLC 2019 JUNE 14 PM 6: 53
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L06000117229	- cy - 2)
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10665 SW 190TH ST
(Principal office address MUST BE A STREET ADDRESS)	UNIT 3103
	CUTLER BAY, FL 33157
Enter new mailing address, if applicable:	10665 SW 190TH ST
(Mailing address MAY BE A POST OFFICE BOX)	UNIT 3103
	CUTLER BAY, FL 33157
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 add	<u>ed</u>
or removed from our records:		

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
OM	PABLO DIAZ	23637 SW133RD AVE, HOMESTEAD FL 33033	
			Remove
			□ Change
MGR	RAFAEL F. TORRES BRITO	10665 SW 190TH ST UNIT 3103 CUTLER BAY, FL 33157	≅ Add
		<u></u>	□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			□ Change

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ed	record specifies a line 90th day after	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the record is filed.
Signature of a member or authorized representative of a member	ed	2019
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		Signature of a member or authorized representative of a member
RAFAEL F. TORRES BRITO		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00