

L08000057860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300139412623

01/05/09--01030--002 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JAN 15 PM 12:05

T. HAMPTON

JAN 16 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PISTOU LLC**

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICK MOYAL

(Name of Person)

MOYAL ACCOUNTING SERVICES INC

(Firm/Company)

10796 PINES BLVD SUITE 204

(Address)

PEMBROKE PINES, FLORIDA 33026

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICK MOYAL

(Name of Person)

at ( 954 ) 430-3930

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 JAN 15 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 7, 2009

PATRICK MOYAL  
MOYAL ACCOUNTING SERVICES INC  
10796 PINES BLVD - STE 204  
PEMBROKE PINES, FL 33026

SUBJECT: PISTOU, LLC  
Ref. Number: L08000057860

We have received your document for PISTOU, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 409A00000334

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PISTOU, 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 JUNE 12, 2008 and assigned  
Florida document number L08000057860.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1433 MEDINA AVENUE

MIAMI, FLORIDA 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1433 MEDINA AVENUE

MIAMI, FLORIDA 33134

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JAN 15 PM 12:05

**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:

PATRICK MOYAL

New Registered Office Address:

10796 PINES BLVD SUITE 204

(Enter Florida street address)

PEMBROKE PINES

Florida 33026

(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 608, 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 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**

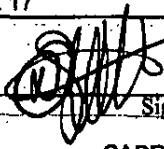
**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GUY GHETTI	1433 MEDINA AVENUE MIAMI FLORIDA 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Dated **DECEMBER 17**

**2008**



Signature of a member or authorized representative of a member

**SABRINA MALEK**

Typed or printed name of signee

FILED  
09 JAN 15 PM 12:06  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS