1100009179			
(Requestor's Name) (Address) (Address)	800199482748		
(City/State/Zip/Phone #)	03/30/1101023009 **25.00		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED SECRETARY OF STATE FALLAHASSEE, FLORIDA		
Office Use Only	J. BRYAN MAR 31 2011 EXAMINER		

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COVER	LETTER
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TO: Registration Section Division of Corporations

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19431 Property, 11C Name of Limited Liability Company SUBJECT:

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

Please return all correspondence concerning this matter to the following:

Daniel Katlan	
Name of Person	C C R R R
	TAR 30
Firm/Company	SEE PH
20815 NE 16 AVE. SUITE B	-A
Address	
Mianii, Fl 33179	
City/State and Zip Code	
PIALLCL @gmail.com E-mail address: (to be used for future annual report notifica	ation)

For further information concerning this matter, please call:

Jimmy Levy

at (<u>305)</u> <u>303</u> <u>1055</u>. Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

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]\$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

ARTICLES OF A	AMENDMENT
ARTICLES OF O	RGANIZATION
Ol	
19431 Prov (Name of the Limited Liability Compan (A Florida Limited Li	AMENDMENT RGANIZATION F Pevty LLC (Mas it now appears on our records.) Tability Company) Top T Top T
(A Florida Limited Li	(ability Company)
The Articles of Organization for this Limited Liability Company	were filed onO1/24/2011 and assigned
Florida document number <u>L11000009179</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
	<u></u>
The new name must be distinguishable and end with the words "Limit" "L.L.C."	
Enter new principal offices address, if applicable:	20815 NE 16 AUE Suite B-17
(Principal office address MUST BE A STREET ADDRESS)	HIami, FI 33179.
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer Fronda sir eet adaress
	, 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 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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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<u>Title</u>	<u>Name</u>		Address	<u>Type of Action</u>
MGRM	Daniel	Kattan	20815 NE 16 Aue B-17 Humi, FI 33179	Add Remove
				Add Remove
				Add Aemove
		<u> </u>		Add Remove
				Add Remove
				Add Remove
D. If amendin	g any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)	
			· · · · · · · · · · · · · · · · · · ·	IT MAR
Dated Ma	irch 28	, 2011		HAR 30 PH 1:
	S	Jimmy &	authorized representative of a member	



