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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

Manufacture of the first transfer of the first of the fir

From:

Account Name : GFB TAX SERVICE LLC

Account Number : I20120000047

Phone

: (754)246-6160

Fax Number

: (954)510-2072

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: gastonbelen@gfbtaxservice.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PICUTZI, LLC

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COVER LETTER

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10:

Registration Section Division of Corporations

PICUTZI 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:

GASTON BELEN

Name of Person

GFB TAX SERVICE LLC

Firm/Company

2833 EXECUTIVE PARK DR. SUITE 200

Address

WESTON, FL 33331

City/State and Zip Code

GASTONBELEN@GFBTAXSERVICE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call;

GASTON BELEN

at (_____)

Name of Person

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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PICUTZI LLC		
(Name of the Limited Liability (A Florida l	Company as it now appears on our record Limited Liability Company)	<u>S.</u> ;
The Articles of Organization for this Limited Liability Co Florida document number <u>L11000012961</u>	ompany were filed on <u>01/31/2011</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the words "Lim	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR)	ESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our record	88 W
registered agent and to new registered office agen	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	\$3
	FI	orida
	, 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

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MGR = Manager AMBR = Authorized Member

Title MGR	Name GASTON F. BELEN	Address 2833 EXECUTIVE PARK DR STE 200	Type of Action
		WESTON, FL 3333	🖪 Add
			C Add
			EJ Remove
r= com advis attaler			 _□ Add
			Sand 16
			F S S C S S S S S S S S S S S S S S S S
			_D Remove

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the date th	is document is filed by the life	date of filing; of he prior to date of receipt or filed dat rids: Department of State)	(optional) e and cannot be more than 90 days after	
Dated	ULY 26	Juill	Well	
	GUIDO LU	Signature of a member or authorized BEL Typed or printed name		

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Filing Fee: \$25.00

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