## KII 0000039572

(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

A. RIVERS

JAN 2 7 2022



400379603134

01/18/22--01010--6:1 •@20.00

2022 JAN 18 AM 10: 43

## **COVER LETTER**

TO:		istration Sec sion of Corp					
CHDIE		•	tual Solutions LLC				
SUBJEC	C1;			ted Liability Co	mpany		
The encl	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing	g.		
Please re	cturn	all correspon	dence concerning this matter	to the followin	g:		
			Christian A Contreras				
				Name of	Person		
			Pyramid Virtual Solutions	LLC			
				Firm/Cor	mpany		•
			18495 S Dixie Hwy Ste 35	5			
				Addro	250		•
			Miami, FL 33157				
				City/State and	l Zip Code		-
			christianacontreras@gmail.		ture annual report not	ilication)	
For furt	her ir	nformation co	ncerning this matter, please of		tago manana report not		
Christia	an A.	Contreras		305 at (	)		
	-	Name of	Person	Area	Code Daytiπ	ne Telephone Number	r ·
Enclose	d is a	check for the	e following amount:				
<b>■ \$</b> 25	5.00 F	iling Fœ	☐ \$30.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & ad Copy at copy is enclosed)	Certified	ite of Status &
· .•.	Reg Div P.C	iling Address gistration S vision of Co ). Box 632 1ahassee, F	ection orporations 7		Street Address: Registration Set Division of Co The Centre of 2415 N. Monro	rporations Fallahassee Street, Suite 8	310

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pyramid Virtual Solutions LLC		
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liabi	lity Company were filed on 03-10-2011	and assigned
Florida document number L11000029522		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The Wicked Pen LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records, <u>enter the n</u> ere:	ame of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	OF \$1
_	, Florida	- Lin Code
	•	717

## 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:
MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□ Add
			□Remove
			□Change
			□Remove
			Change

_	<u> </u>	<del></del>				
					·	
_	· · · · · · · · · · · · · · · · · · ·		<del></del>			
_						<del></del>
						<del></del>
_			<del></del> ·			<del></del>
-		<u> </u>			<del></del>	
-				·		
_	<del></del>					
						<del></del>
_				<del></del>		<del></del>
_		<del></del>	<del></del>		<del></del>	<del></del>
_					· · · · · · · · · · · · · · · · · · ·	
_						
						<del></del>
			<del></del>	-	<u> </u>	<del></del>
_						<del></del>
_			<del></del>	<del></del>		
	ve date if other th	an the date of fili	ing:		(optional)	
ffectiv	ctive date is listed, the d	are may be specific a	t most the applical	) date of thing or more than ble statutory filing requi	190 days after filing.)	Pursuant to 605,0207
an effec lote: I	ve date, if other the extive date is listed, the d if the date inserted in ent's effective date or	TITE OLOCK GOCS HOL	f State's records.		nencius, tius date	will not be listed as i
an effection (an effection) and effection (an	ctive date is listed, the d If the date inserted in ent's effective date or  specifies a delayed of	the Department of	i State's records.	nc, at 12:01 a.m. on the		
an effective for the second of	ctive date is listed, the d If the date inserted in ent's effective date or  specifies a delayed of	the Department of	i State's records.			
on effective I locume record	etive date is listed, the date inserted in ent's effective date or specifies a delayed end.	the Department of	ot an effective tim			