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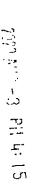
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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C. GOLDEN SEP 2 0 2020

COVER LETTER

TO:	Registration Se Division of Cor		,		
C1 11 112		Estate, LLC			
SUBJE	CI:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	endence concerning this matter	to the following:		
		Kelvin J. Pinero, Jr.			
			Name of Person		
		Pinero Real Estate, LLC.			
			Firm/Company		
		7900 Harbor Island Drive,	suite A701		
			Address		
		North Bay Village, FL 331	41		
City/State and Zip Code kpinero001@aol.com					
			to be used for future annual report notific	cation)	
For furtl	her information c	oncerning this matter, please c	all:		
Kelvin .	J. Pinero. Jr.		305 951-7797		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	d is a check for th	ne following amount:			
■ \$2 5	.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 Addres Registration 5		<u>Street Address:</u> Registration Sect	ion	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

777 AT -3 FH 4:15

(Name of the Limited Liability Company as it now appears on our records.)

Pinero Real Estate, LLC.

17	Criotica Cuincei Liaothiy Company)	
The Articles of Organization for this Limited Lial	bility Company were filed on 11/28/2011	and assigned
Florida document number L11000133707		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "I	.l.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B		
induing dadress MAT BE AT OST OFFICE IS		
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:		er the name of the new registered
New Registered Office Address:		
	Enter Florida street ada	lress
	Cuy	FloridaZip Code
New Registered Agent's Signature, if changing Re	·	Zip Code

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nicole Pinero	7900 Harbor Island Drive	
		Suite 701A	■Remove
		North Bay Village, FI. 33141	□Change
			□Add
			□ Remove
			Change
	-		
			□Remove
			□Change
			🗀 Add
			□Remove
			Change
			□Add
			Remove
			Change
			Add
			□Remove
			∏Change

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Effective date lif	other than the dat	e of filing:			(on	tional)	
Note: If the date i	other than the date itsted, the date must be s inserted in this block of ive date on the Depart	does not meet	the applicab	date of tiling or m le statutory filin	ore than 90 days at g requirements, t	ter filing.) Pursuant this date will not b	o 605.0207 (e listed as t
e record specifies and is filed.	i delayed effective dat	e, but not an e	effective time	e, at 12:01 a.m. (on the earlier of:	(b) The 90th day	after the
Dated July 29			020				
			Jahn .	Pinne	 -		_
	Sign	ature of a mem	ber or authari	zed representative	of a member		

Filing Fee: \$25.00