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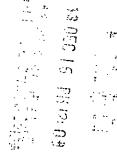
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL.
(Bi	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: PJT Direct, 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:
Richard A Garrido
PTT Divect LLC Firm/Company
4190 E. 9th Ct. Address
Hiatcah, FL 33013 City/State and Zip Code
E-manuaddress: (to be used for future/annual report notification)
For further information concerning this matter, please call:
Pichard A. Garrido at 954, 632-2188  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIT	Dive	of LLC			
( <u>Name of the Limited Li</u> (A Fl	ability Company orida Limited Li	y as it now appears of ability Company)	n our records.)	<del> </del>	
The Articles of Organization for this Limited Liab Florida document number <u>L 11 000 143</u>		were filed on	1/23/20	]] and assign	ied
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	<u>ie limited liabi</u> l	lity company here:			
The new name must be distinguishable and end with to "L.L.C."	he words "Limite	ed Liability Company,'	" the designation "	LLC" or the abb	 reviation
Enter new principal offices address, if applicable	le:	4190 1	E. 911 Ct		
(Principal office address MUST BE A STREET	ADDRESS)	Hiarea	in, FL 3	3013	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<del></del>	4190 i Hiatea	E. 9 <sup>th</sup> Ct Lh, FL 3	30135	¥
B. If amending the registered agent and/or registered agent and/or the new registered offic			records, enter	the name of t	<u>he new</u>
Name of New Registered Agent:	Bicho	ard A.E	jarrido		
New Registered Office Address:	4190	E. 9 Ot.			
		Enter .	Florida street add	dress	_
	Hiale	City	, Florida	33013 Zip Code	<u>う</u>

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 or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name		Type of Action
MGR	JackelynGarrido	439 E. 34 St.	Add
	,	Hiateah, FL 33013	
MGR	<u>Prichard A. Garrido</u>	4190 E. 9th Ct.	
		Hialeah, FL 33013	_ Remove
			Add
			Remove
		·	Add . 41.
			: Remove
			Add
			Remove
		<del></del>	Add
			Remove

D. If amending any other information, enter cl	hange(s) here:	(Attach additional sheet:	s, if necessary.)
<del></del>			
Dated December 16th,	2013.		1 2
ph		An Sa	edite-
Signature of a me	mber or authoriz	ed representative of a men	nber/
Richard & Bank	100	Tackel	yn Garrido
Т	yped or printed i	name of signee	<i>J</i> .
	Th. A	6.0	

Page 3 of 3

Filing Fee: \$25.00