

#L/2000021720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
NOV 26 2013

COVER LETTER

TQ: Registration Section
Division of Corporations

SUBJECT: **PIMAKING 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:

DAVID CACEROS

Name of Person

ACEVEDO & ASSOCIATES LLP

Firm/Company

1395 BRICKELL AVE, 8TH FLOOR

Address

MIAMI, FL 33131

City/State and Zip Code

david@acevedoassociates.com

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

For further information concerning this matter, please call:

DAVID CACEROS

Name of Person

305 200-8686
at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
13 NOV 22 PM 4:39
CLERK OF STATE
TALLAHASSEE, FLORIDA

PIMAKING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/14/12 and assigned
Florida document number L12000021720.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1818 SW 1ST AVE

#806

MIAMI, FL 33129

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1818 SW 1ST AVE

#806

MIAMI, FL 33129

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

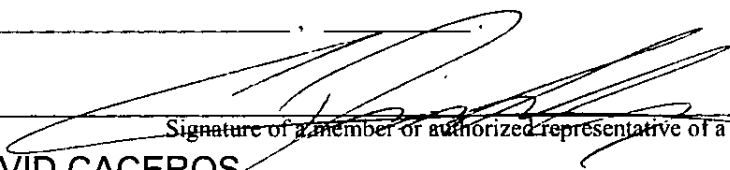
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOSE ELORRIETA	1818 SW 1ST AVE	<input type="checkbox"/> Add
		#1014	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33129	
MGRM	JORGE A. SILVA	1818 SW 1ST AVE	<input checked="" type="checkbox"/> Add
		#806	<input type="checkbox"/> Remove
		MIAMI, FL 33129	
MGRM	JORGE SOTO	1818 SW 1ST AVE	<input type="checkbox"/> Add
		#1014	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33129	
MGRM	JORGE SOTO	1818 SW 1ST AVE	<input checked="" type="checkbox"/> Add
		#806	<input type="checkbox"/> Remove
		MIAMI, FL 33129	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____,


Signature of a member or authorized representative of a member
DAVID CACEROS
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00