

L12000110741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

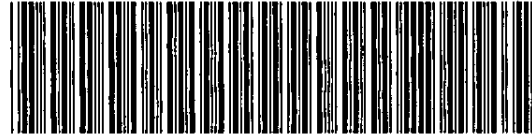
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Pilmaiquen 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:

**Leon Michel Medus**

Name of Person

**Pilmaiquen LLC**

Firm/Company

**614 N State Road 7**

Address

**Hollywood, FL 33021**

City/State and Zip Code

**eniewial@yahoo.com**

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

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OFFICE OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

**Leon Michel Medus**

at **877 484-9119**

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

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

Pilmaiquen 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 08/28/2012 and assigned  
Florida document number L12000110741.

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)**

614 N State Road 7

Hollywood, FL 33021

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

614 N State Road 7

Hollywood, FL 33021

**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:

Estefania Niewialkouski

New Registered Office Address:

614 N State Road 7

*Enter Florida street address*

Hollywood

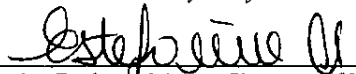
*City*

, Florida 33021

*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>
MGR	Mike Medus	1390 Brickell Ave Ste 200	<input type="checkbox"/> Add
		Miami, FL 33131	<input checked="" type="checkbox"/> Remove
MGRM	Leon Michel Medus	614 N State Road 7	<input checked="" type="checkbox"/> Add
		Hollywood, FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
 ALABAMA SECRET OF STATE  
 2019 MAY 16 PM 2 22  
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated August 13, 2013

Leon Michel Medus

Signature of a member or authorized representative of a member

Leon Michel Medus

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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