# L12000121305

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STANDA OF CORRORATIONS 56

C. LEWIS 2012
EXAMMER

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

# PICU SIMON 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:

# ROBERTO E MACHO

Name of Person

## MACHO Y ASOCIADOS CONSULTING CORP

Firm/Company

# 1110 BRICKELL AVE. SUITE 800

Address

MIAMI, FL. 33131

City/State and Zip Code

rmacho@uhy-macho.com

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

For further information concerning this matter, please call:

# ROBERTO E MACHO

,305**、503-270**0

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 ARTICLES OF ORGANIZATION SECRETARY OF STATE OF OF CORPORATIONS

### PICU SIMON LLC

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

(A	Florida Limited Liability Company)	<u>// w.j.</u>
The Articles of Organization for this Limited L Florida document number L12000121305	iability Company were filed on 9/21/2012	and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
N/A	· · · · ·	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRECC	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
	<del></del>	
B. If amending the registered agent and/	or registered office address on our records	, enter the name of the nev
registered agent and/or the new registered o		
Name (CN) Dollar 1 A	N/A	
Name of New Registered Agent:	1077	<del></del>
New Registered Office Address:	Enter Florida s	
	Enter Fioriaa's	treet adaress
	, Flo	orida Zip Code
New Registered Agent's Signature if changing	•	zip Coae

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:

MGRM	CAJUN INVEST INC	FLEMMING HOUSE	Add	
		WICKHAMPS CAY P.O. BOX 662	Remove	
		ROAD TOWN, TORTOLA - BRITISH VIRGIN ISLANDS		
			Add	
			Remove	
	ţ.			
<del></del>			Add	
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N/A	ter change(s) here: (Attach additional sheets, if necessing CRETAR AUTON OF C	Y OF STA
	AT NOV -9	PH 3:
NOVEMBER 06	, 2012	
Signature o	f a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00