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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer	··· ·

A. LUNT

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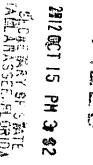
**EXAMINER** 

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: PINES DEWITH Di Pietro 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 J. Dewitt III
,
Firm/Company
2121 Ponce De Leon Blud, Suite 900
Coral Gables, Pt 33134
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Estohan Acasta at 355 421-0400  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Status Certificate of Status (additional copy is enclosed)  \$25.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

"Jrthc.

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

(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 Liabil	lity Company were filed on 1091	and assigned
Florida document number <u>L12000128</u>	51do	<b>29</b>
This amendment is submitted to amend the following	ng:	8
A. If amending name, enter the new name of the	limited liability company here:	இ ம டி
Pines Dewitt DiPi	ietro PLLL	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the des	
Enter new principal offices address, if applicable	<b>:</b>	76 N
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office	egistered office address on our record address here:	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
_	F	lorida
_	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

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		a member or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00