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COVER LETTER

TO: Registration Se Division of Cor	ection porations >		
MANDELL	O LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	PIETER A. WEYTS, ESQ		
		Name of Person	
	-	Firm/Company	
	1521 ALTON ROAD, SUI	ITE 409	
		Address	····
	MIAMI BEACH, FL 3313	9	
		City/State and Zip Code	
	PIETER@YAHOO.COM		
		to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
PIETER WEYTS		305 307-2459	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

MANDELLO LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Conference of Organization for this Liability Conference of Organization for Organiz	ompany were filed on 3/18/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
PIETER WEYTS LLC		
The new name must be distinguishable and contain the words "Limit	ited 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 ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address	tered office address on our rec	ords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ddress
		, FloridaZip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my dutie gent as provided for in Chapter 6 ed office address, I hereby confire	s, and I am familiar with and 605, F.S. Or, if this document is

Page 1 of 3

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member 🕒 🕨		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the the record specifies a delate). The 90th day after the Dated	nis block does not the Department of a syed effective	meet the application is state and st	able statutory fil	ing requirement	ts, this date wil	Il not be listed as th