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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

7/25/2023

NAME: PINEASHAI, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINEASHAI, LLC			
(Name of the Lin	ilted Linbillry Comp (A.Florida Limited	any sa it now appears on our record Liability Company)	1.)
The Articles of Organization for this Limited	and assigned		
Florida document number L13000074859	:		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited-lial	bility company here:	
The new name must be distinguishable and contain the	words "Limited Lisb	ility Company," the designation "LLC"	or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		12399 SW 53RD STREET	
(Principal office address MUST BE A STREET ADDRESS)		SUITE 101	262
		COOPER CITY, FL 33330	
Enter new mailing address, if applicable:		12399 SW 53RD STREET	25 AIIA
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 101	(SO D 1)
		COOPER CITY, FL 33330	mo w
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	CECILE ISOR		
New Registered Office Address:	12399 SW 53R	D STREET	
		Enter Florida street address	
	COOPER CITY	Y	rida 33330
		City	Zip Code
New Registered Agencia Stangeness to about the	n		

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 605, 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 Rogistered Agent

If amending Authorized Person(s) authorized to manage, enter the title; name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	COSMO MANAGEMENT LLC	9190 BISCAYNE BLVD #202	_
			,□Add
		MIAMI SHORES FL 33138	≅Remove
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	<u> </u>		
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ffective date, if other than the date of filing: on effective date is listed, the date must be specific and cannot be prior to date of lote: If the date inserted in this block does not meet the applicable statu ocument's effective date on the Department of State's records.	filing or more than 90 days aff tory filing requirements, th	nis date will not be t	isted as t
record specifies a delayed effective date, but not an effective time, at 12 d is filed.	:01 a.m. on the earlier of:	(b) The 90th day a	fter the
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Dated	.\		

Filing Fee: \$25.00