13000115243

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
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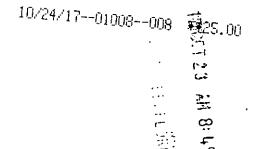
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LAW OFFICES OF TIMOTHY G. HAYES, P.A. Attorney at Law

Lakeview Professional Center 21859 State Road 54, Suite 200 Lutz, Florida 33549 TIMOTHY G. HAYES Telephone (813) 949-6525 • Fax (813) 949-6433 e-mail: tghaves@mindspring.com

October 18, 2017

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Pinnical Real Estate Holdings, Inc.

Dear Sir or Madam:

Enclosed for filing please find the original and one copy of the Articles of Amendment to the Articles of Incorporation for the above corporation, along with a check in the amount \$25.00 for the filing fee. Please return a copy marked "filed" in the envelope provided.

Sincerely yours.

Debrah Mayworth

Legal Assistant

/dm Encls.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINNICAL REAL ESTATE HOLDINGS, LLC

(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appea da Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability		/ /	and assigned
Florida document number _L13000115243			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	ere:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	14131	Trouville Dr	
(Principal office address MUST BE A STREET ADD	(RESS) Tampa	, FL 33624	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Trouville Dr	
B. If amending the registered agent and/or reg		n our records, enter	the name of the
registered agent and/or the new registered office ad-	<u>aress nere</u> :		
Name of New Registered Agent:	Carlos Felip	e Galvis	ياً دن
New Registered Office Address:	14131 Trouvi		
	Enter Flo	rida street address	4:8
	<u> Tampa</u>	Florida3	33624 ^{CD}

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 Registered 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>	<u>Name</u>	Address	Type of Action
MGR	Carlos Felipe Galvis	14131 Trouville Dr.	
		Tampa, FL 33624	Remove
			□ Change
MGR_	Timothy G. Hayes	21859 State Road 54, #200	
		Lutz, FL 33549	
			Change
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an effe <u>ote:</u> I	optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date with a cffective date on the Department of State's records.	Pursuant vill not b	to 605. 0 207 (
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o 90th day after the record is filed.	n the ϵ	earlier of:
ited _	ACY 2017.		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00