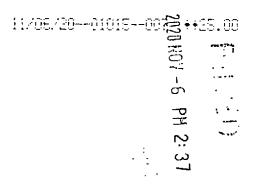
L13000120985

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division	of Corporations	ـ م ⇔ر .	, 4 5 6
Pint	ish Properties, LLC		
SUBJECT:	Name of I	Limited Liability Company	Y
The enclosed Artic	cles of Amendment and fee(s) are s	submitted for filing.	
Please return all co	orrespondence concerning this mat	ter to the following:	
	Douglas Mark DeRosa		
		Name of Person	
		Firm/Company	
	3143 S. Indian River D	rive	
		Address	
	Fort Pierce, FL 34982		
	malopescado@gmail.com	City/State and Zip Code	
	= -	ss: (to be used for future annual report not	ification)
for further inform	ation concerning this matter, pleas	e call:	
		at ()	
	Name of Person	at () Area Code Daytin	ne Telephone Number
	•		
Enclosed is a chec	k for the following amount:		
■ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
p. g. 141	a a a		
<u>Mailing /</u> Registra	Address: ation Section	<u>Street Address:</u> Registration Se	ection
Division	n of Corporations	Division of Co.	rporations
P.O. Ba	x 6327	The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pintish Properties, LLC

company has been notified in writing of this change.

(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 Liability Company were filed on August 26, 2013 and assigned Florida document number L13000120985 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 7 S Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City 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

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
	Kaitlyn Ann DeRosa	3143 S. Indian River Drive	■Add
		Fort Pierce, FL 34982	□Remove
	<u> </u>		□Add
			☐Remove
			□Add N CRemove
			□ Change
		.	□ Add
			□Remove
			Change
		 	
		 .	Remove
			□Change
			
			□Remove
			□ Change

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ve date, if other than the date of filing:	tional) er tiling.) Pursuant to 605.0 nis date will not be liste
I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ed.	(b) The 90th day after
October 27 . 2020.	

Filing Fee: \$25.00