4/20/2021

Division of Corporations



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COVER LETTER

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CUDIECT.		'AL PARTNERS, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub				
Please retun	n all correspo	ndence concerning this matter Cheyenne Moseley	to the following:			
			Name of Person	<u> </u>		
		Legalzoom.com, Inc.				~3
			Firm/Company		-	2021 /
		101 N Brand Blvd 11th Fl				AFR 2
			Address		**	2
		Glendate, CA 91203			.i., '	A THE
		alpe300@gmail.com	City/State and Zip Code		77	10: 23
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For further	information c	oncerning this matter, please c	all:			
Cheyenne I	Moseley		800 773-0888 at ()			
	Name o	l Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for the	he following amount:				
\$25.00	Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (udditional copy is enclosed)	Certified Co	of Status &	
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

LegalZoom.com, Inc.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

PES CAPITAL PARTNERS, LLC

(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 01/14/2014 and assigned Florida document number L14000007583

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:	480 NE 31st street 1103	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33137	1-3- F
Tringin office dum sa Froot Be from the free from		44.
Enter new mailing address, if applicable:	480 NE 31st street 1103	.5
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33137	

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 ada	tress
		Florida
	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 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

To: 18506176383

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
AMBR	PEREZ MACIAS, ALEJANDRO	480 NE 31st street 1103 Miami, FL 33137	
			Remove
AMBR	HOYOS, JOSE	480 NE 31st street 1103 Miami, FL 33137	
			Remove
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From:	Janet	Kał

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Page: 6 of 6

To: 18506176383

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Dated _	April 13th 2021	
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Page 3 of 3

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