L14000003042

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | idress) | • |
| (Ac | ddress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | ısiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| Ţ | | |
| | | |
| | | |
| | | |

Office Use Only



900280637599

01/25/16--01021--007 **25.00

TILED

2016 JAN 25 A 10: 58

SECRETARY DE STATE

2AN 2 6 2016

COVER LETTER

| Division of C | Corporations | | |
|-------------------------|--|---|----------|
| PIRIT SUBJECT: | TA INVESTMENTS LLC | | |
| SUBJECT: | Name of Limited Liability Company | _ | |
| The enclosed Articles | s of Amendment and fee(s) are submitted for filing. | | |
| Please return all corre | espondence concerning this matter to the following: | | |
| | LAZARO ALVAREZ | | |
| | Name of Person | <u></u> | |
| | PIRITA INVESTMENTS LLC | | |
| | Firm/Company | | |
| | 419 S 28TH AVE | | |
| | Address | | |
| | HOLLYWOOD, FL 33020 | | |
| | City/State and Zip Code | | |
| | LILLAZ240@GMAIL.COM | 1 ~ | |
| For further information | E-mail address: (to be used for future annual report notification) on concerning this matter, please call: | 2016 JAN Secret | |
| LAZARO ALVARE | EZ 305 923-9551 ගි at () | 1 25 | ; [[] |
| | me of Person Area Code Daytime Telephone Num To the following amount: | A D 58 | Ö |
| ■ \$25.00 Filing Fee | Certificate of Status Certified Copy Certif (additional copy is enclosed) Certif | Filing Fee, ficate of Status fied Copy onal copy is enclos | |

MAILING ADDRESS:

TO:

Registration Section

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

| PIRITA INV | ESTMENTS LLC | | | | |
|---|---|--|--------------------------|-----------------------|--|
| (Name of the Lim | ited Liability Compa (A Florida Limited) | ny as it now appears Liability Company) | on our records.) | | |
| The Articles of Organization for this Limited lands document number | Liability Company | were filed on | 2/10/2014 | and assigned | |
| his amendment is submitted to amend the fol | llowing: | | | | |
| A. If amending name, enter the new name | of the limited liab | ility company her | <u>e</u> : | | |
| he new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the de | signation "LLC" or the a | abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | 419 S 28TH AVE | | | |
| Principal office address MUST BE A STRE | | HOLLYWOOD, FL 33020 | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 419 S 28TH AVE HOLLYWOOD, FL 33020 | | | |
| 3. If amending the registered agent and egistered agent and/or the new registered of | L/or registered of | | our records, enter | the name of the | |
| egistered agent and/or the new registered to | omee address ner | <u>c</u> . | | 2016 | |
| Name of New Registered Agent: | LAZARO ALV | /AREZ | HASS. | 2 | |
| New Registered Office Address: | 419 S 28TH A | | da street address | 5 11 : | |
| | HOLLYWOOI | | Floride | 3020 | |
| | | City | | Cain 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

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> | <u>Address</u> | Type of Action |
|--------------|-------------------------|---------------------|----------------|
| MGRM | LAZARO ALVAREZ | 419 S 28TH AVE | ■ Add |
| | | HOLLYWOOD, FL 33020 | □ Remove |
| | | | ☐ Change |
| MGRM | BORIS PASTERNAK | 2918 JACKSON ST #3 | Add |
| | | HOLLYWOOD, FL 33020 | ■ Remove |
| | | | Change |
| | JASON MARTINS-MCCLELLAN | 2918 JACKSON ST #3 | |
| | | HOLLYWOOD, FL 33020 | ■ Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | | | Change Change |
| | | | % ₹ Add |
| | | | Remova |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | □ Change |

| | | | | | | |
|--|--|---------------------|-------------------------------------|---------------|------------------|------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | <u> </u> | | | | |
| | | | | | | |
| ··· | | | | | | |
| | | | | | | |
| | | | | | | |
| | | • | | | • • | |
| | | | | | | |
| | | | | | | |
| | | | | = Eon | 23 | |
| | | | | <u> </u> | 2016 | |
| | | | | ETA! | M1 2 | |
| | | | | 433 40 | N. | 119 |
| · | | | | S176 | _ ` ₽ | U |
| | | | | A A | ਾ ਯ | |
| fective date, if other than the (| late of filing: | | | _ (option: | all | |
| an effective date is listed, the date must of the date inserted in this blo ocument's effective date on the De | be specific and cannot be pri ck does not meet the appl | icable statutory fi | r more than 90 d iling requireme | ays after fil | ing.) Purs | uant to 605.020 not be listed a |
| e record specifies a delayed The 90th day after the reco | effective date, but r rd is filed. | ot an effectiv | e time, at 1 | 2:01 a.r | n. on tl | he earlier (|
| JANUARY 22 | 2016 | · | | | | |
| 0 | _ | | / _ | | | |
| | Signature of a member or au | | | | \leftarrow | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00