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SECRETARY OF STATE TALLAHASSTE FLORIDA

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COVER LETTER,

TO: Registration Section Division of Corporations
SUBJECT: PIR 1984, LLC.
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richart Ruddie Ryan Blank Name of Person
RIR 1984, LLC.
Firm/Company
12 Southeast 10th Avenue, Suite 1
Fort Lauderdale, FL 33301 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richart Ruddie at (443) 865-1891 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

(Name of the Limited Liability Company as it (A Florida Limited Liability)	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi Florida document number <u>L1400032901</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
	- Fig. 20
The new name must be distinguishable and end with the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation IL.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ac registered agent and/or the new registered office address here:	ddress on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	

New Registered Agent's Signature, if changing Registered Agent:

0TD 1004 110

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** AMBR IRA FRAZER 12 Southeast 10th Ave _□ Add Fort Lauderdale, FL 33301 (Remove □ Add Remove □ Add ☐ Remove _□ Add ☐ Remove □ Add ☐ Remove

f amending any other	information, enter	change(s) here: (Attach add	ditional sheets, if necessary	2.)	
 					
					
					
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fective date, if other	than the date of fili	ing:date of receipt or filed date and can	(optional)		
ne date this document is file	d by the Florida Departn	date of receipt or filed date and can nent of State)	anot be more than 90 days after		
ated November	<u> </u>	. 2014			
				∑ ‰	20
	Signature of	a member or authorized represent	ative of a member	59	701 H:0V
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Filing Fee: \$25.00