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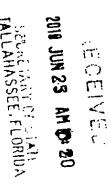
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
. PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO:

	egistration Sc ivision of Cor			
, .vetib te:621	PINMICHA	AEL LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	indence concerning this matter	to the following:	
•		BARRETT, KEVIN		
			Name of Person	
		PINMICHAEL LLC		
			Firm/Company	·····
		12361 SW 128TH CT		
			Address	
		Miami FL 33186		
			City/State and Zip Code	
		fb@unionone-express.co	m to be used for future annual report no	titiontion
For further	information c	oncerning this matter, please c		(Includion)
BARRE	TT, KEVIN		786 5430022	
	Name o	f Person	Area Code Dayti	ne Telephone Number
Enclosed is	s a check for th	ne following amount:		
B \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINMICHAEL LLC	T.C. billion Communication	()	
(Name of the Limited (A	Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liab	oility Company 	were filed on	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, <u>enter the new name of t</u> l	he limited lial	pility company here:	
n/a			
The new name must be distinguishable and contain the word	ds "Limited Liab	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab			
(Principal office address MUST BE A STREET)	<u>ADDRESS)</u>	(lia	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> 2X)</u>	n/a	
 			~ ~
B. If amending the registered agent and/or registered agent and/or the new registered office			r the name of 25
Name of New Registered Agent:	11/4		
New Registered Office Address:	n/a	Enter Florida street address	ORIO
		Enter Florida street adaress	7
		, Florida _	Zip Code
		City	zip Coae

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
MGR	CAMPBELL, JHEVERE G	12361 SW 128 CT SUITE 205	■ Add
		MIAMI FL 33186	☐ Remove
			Change
AMGR	FIRST UNION FINANCIAL	13 BARBADOS AVE	
		KINGSTON 10 JAMAICA	≡ Remove
			□ Change
•			Remove
			Change
			Remove
			☐ Change
			☐ Remove
			□ Change

				
				2018
·			***	JUN 25
				JUN 25 AN D
				EE. FLORID
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				<u> </u>
			- /-	
Effective date, if other than the (If an effective date is listed, the date many Note: If the date inserted in this bedocument's effective date on the limit of t	ust be specific and cannot be block does not meet the a	pplicable statutor	ng or more than 90 days a	otional) fler filing.) Pursuant to 605.0207 this date will not be listed as
the record specifies a delaye) The 90th day after the re		t not an effec	tive time, at 12:0.	1 a.m. on the earlier of
Dated	2018	·		
	Signature of a member or	authorized consec	ntative of a member	
	orgnature of a member of	aumorized represe	marve or a memoer	
BARRETT, KEVIN				

Page 3 of 3

Filing Fee: \$25.00