# L14000093264

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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04/15/14--01003--023 \*\*25.00

B. BOSTICK
APR 1 6 2014
EXAMINER

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

# PIERRE INVESTMENTS MIAMI LLC

SUBJECT:

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:

FEDERICO OLIVIERI
Name of Person
Firm/Company
130 3RD STREET
Address
MIAMI BEACH, FL 33139
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## FEDERICO OLIVIERI

*್ಷ,*323、3047145

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$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)

#### 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

#### PIERRE INVESTMENTS MIAMI 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 04/01/2014	and	assigne	ed
Florida document number L14000053264			
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 end with the words "Limited Liability Company," the designation "LLC" or the	ie abbreviatio	n "L.L.C	. ,,
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
- <u>-</u>		··	<del></del>
B. If amending the registered agent and/or registered office address on our records, entregistered agent and/or the new registered office address here:	er the nar	nesof t	he new
registered agent and/or the new registered office address nere.	,		- 1
Name of Navy Begintered Agents	•	ز ـ:	
Name of New Registered Agent:		1	
New Registered Office Address:  Enter Florida street address		<del>- ; .</del> .	
Enter Florida street address		ټ	<b>ئ</b> .
, Florida	7:- 0	.re .u.l.U	
City	. Zip Ci	oae	

#### 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FEDERICO OLIVIERI	130 3RD STREET	
		MIAMI BEACH	□ Remove
		FL 33139	
			□ Add
			Remove
<del></del>			Add
			Remove
,		A	(E)
	-		□ Add:
			□ Remove
			□ Add
			□ Remove
<u>.                                    </u>			Add
			☐ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E.	Effective date, if other than the date of filing:
	Dated 10TH APRIL 2014
	Signature of a member or authorized representative of a member  FEDERICO OLIVIERI
	Typed or printed name of signee

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Filing Fee: \$25.00