L14000189049

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IN HARRIE

COVER LETTER

Division of Cor	porations		
PIPISTREI SUBJECT:	O.LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	C/O ANDRE REUTER		
		Name of Person	
		Firm/Company	
	9500 WEST BAY HARBO	OR DR (#7A)	
		Address	
	BAY HARBOR ISLANDS	S.FL 33154	
	reuterandre@me.com	City/State and Zip Code	
	-	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	ıll:	
ANDRE REUTER		917 532-3875	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

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

(A Florida Limite	ipany as it now appears on our records ed Liability Company)	5.)
The Articles of Organization for this Limited Liability Compare Florida document number 1.14000189049	ny were filed on 12/05/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		ယ ျှား က က
Enter new mailing address, if applicable:		2 19
Mailing address MAY BE A POST OFFICE BOX)		23
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		s, enter the name of the
egistered agent and/or the new registered strike address is	<u>icic.</u>	
Name of New Descriptored Agents		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ss s
		orida

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>	Address	Type of Action
AMBR	LAGUNA PARTNERS,LTD	Drake Chambers.Road Town	
		Tortola,British Virgin Islands	□ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			Add
		☐ Remove	
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			□ Add
	·	□ Remove	
			Change
			D Add:
		O Remove 1770	
			Change 7

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable standocument's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 atutory filing requirements, this date will not be listed as	7 (3)(b) s the
f the record specifies a delayed effective date, but not an eb). The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of	f:
Dated January 5 / 2017		
X / M ausful Signature of a meighter or authorized re	epresentative of a member	
VIVIANA LEISER		
Typed or printed name	of signee S	, 17 (m) (12)
	of signee	
Page 3 of		44 45 9
Filing Fee: \$2		