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(Re	equestor's Name)	
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Pillem LLC SUBJECT:	c			
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
•	Homere Hyppolite			
		Name of Person	<u> </u>	
	Pillem LLC			
		Firm/Company		
	4843 Devon circle			
	***************************************	Address	· · · · · · · · · · · · · · · · · · ·	22
	Naples FL 34112			22 SEP -7
		City/State and Zip Code	· -	-7
	changelives02@gmail.com			?
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	ncation)	22 SEP -7 AH 10: 41
Homere Hyppolite		239 571 - 3086		
Name o	f Person		e Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is er	itus &
Mailing Addres		Street Address: Registration Se	ction	
Registration : Division of C		Division of Co		
P.O. Box 632	•	The Centre of 7	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pillem LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) (Liability Company)	.
The Articles of Organization for this Limited Liability Compan Florida document number L14000196601	y were filed on September 5th 2022	and assigned
. This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	4843 Devon circle Naples FL 34112	
(Principal office address MUST BE A STREET ADDRESS)	-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4843 Devon circle Naples FL 34112	22 SEP +7 AH 10:
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
· · · · · · · · · · · · · · · · · · ·	, Florida	
	City	Zip 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 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
MGR	Homere Hyppolite	4843 Devon Circle Naples FL 34112	≣ Add
-			□Remove
•			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Sange:
			2200 P -Add AM 1694
			E CERCEMOVE.
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Fective date, if other than the date of filing:n effective date is listed, the date must be specific and can ote: If the date inserted in this block does not meet cument's effective date on the Department of State ecord specifies a delayed effective date, but not an oterior of specifies and can be corrected.	ot be prior to date of the applicable statu s records.	filing or more than story filing requir	ements, this date w	Pursuant to 60 vill not be lis
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