L150000097358

(Requestor's Name)
(Address)
Allen
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Se Division of Cor				
PITICOPU	LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Marina Kessler			
		Name of Person		
	Lumer Real Estate			
		Firm/Company		
	19370 Collins Avnue CU1			
		Address	ing Fee & S60.00 Filing Fee, Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
	Sunny Isles Beach			
	marinakessler@gmail.com	City/State and Zip Code	stiffication)	
	concerning this matter, please c	all:		
Marina Kessler				
Name o	of Person	at () Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
Mailing Addres Registration 9		Street Address: Registration S	ection	
Division of C		Division of Co	orporations	
P.O. Box 632	-	The Centre of	Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PITICOPU, LLC		
(Name of the Lim	ited Liability Company as it now appears o (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited lorida document number L1500009735	Liability Company were filed on	
his amendment is submitted to amend the fol	llowing:	
a. If amending name, enter the new name	of the limited liability company here	:
he new name must be distinguishable and contain the	words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or gent and/or the new registered office address.	registered office address on our reco	ords, enter the name of the new regis
Name of New Registered Agent:	LUMER CORPORATION	
New Registered Office Address:	19370 COLLINS AVENUE CUI	
		street address
	SUNNY ISLES BEACH	Florida 33160 - Zip Gode
	·	гир Соде
lew Registered Agent's Signature, if changing	Registered Agent:	•

Thereby 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> GUSTAVO LUMER	Address 19370 COLLINS AVENUE CUI	Type of Action
MGR	GOSTAVO LUMER	SUNNY ISLES BEACH, FL 33160	= Add
			Remove
			Change
			Remove
			□Change
			□Add
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	FEBRUARY 25, 2021
m effi o te:	ve date, if other than the date of filing:
ecord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	FEBRUARY 25, 2021
	Signature of a member or authorized representative of a member