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| PICK-UP WAIT MAIL |
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| TO: | Registration Se Division of Cor | | | | | |
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| C1113 13 | PETRESD | | | | | |
| SUBJECT:Name of Limited Liability Company | | | | | | |
| | | Amendment and fee(s) are sub | · · | | | |
| Please | return all correspo | ondence concerning this matter | to the following: | | | |
| | | THAMARA PEREZ | | | | |
| | | | Name of Person | | | |
| TABADESA ASSOCIATES INC | | | | | | |
| | | | Firm/Company | | | |
| | | | | | | |
| | | | Address | | | |
| | | | | | | |
| | | TAMMYP@TABADESA. | City/State and Zip Code COM | | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) | | |
| For fur | ther information c | oncerning this matter, please co | all: | | | |
| THAM | IARA PEREZ | | 305 558 - 0622 | | | |
| | Name o | f Person | Arca Code Daytime | Telephone Number | | |
| Enclose | ed is a check for th | ne following amount: | | | | |
| B \$25 | 5.00 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

PETRESDE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 29 邓门 P 13 83 The Articles of Organization for this Limited Liability Company were filed on $\frac{12/11/2015}{1}$ ____ and assigned Florida document number L15000206978 المنافية والمستوفرة والجرارين 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 contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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> PILAR A. PEDRAZZOLY | Address 460 NE 28 STREET UNIT# 2304 | Type of Action |
|--------------|------------------------------------|--|----------------|
| MBR | | MIAMI, FL 33137 | |
| | | | Remove |
| | | | Change |
| MBR | DELFINA BELEN PEDRAZZOLY | 460 NE 28 STREET UNIT# 2304 MIAMI, FL 33137 | Add |
| | | | Remove |
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| | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an e Note: | tive date, if other than the date of filing: |
| the re | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | |
| | Eva School Signature of a member or authorized representative of a member |
| | EVA F SCHVABBAUER |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00