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## **COVER LETTER**

TO:

Registration Section Division of Corporations Pines Pizza Bar and Grill 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: Pierre Alexandro Rodriguez Name of Person Pines Pizza Bar and Grill LLC Firm/Company 8170 Pines Blvd Address Pembroke Pines, FL 33024 City/State and Zip Code pinespizzabar@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Pierre Alexandro Rodriguez Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & **■** \$60.00 Filing Fee, □ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed). MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rines rizza dai and Gin Elec	
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on 7/22/2016	and assigned
Florida document number L16000137991	1
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	n "LLC" 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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street	1 8: 22
	Florida <u>.</u>
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 provisions of all statutes relative to the proper and complete performance of my dut accept the obligations of my position as registered agent as provided for in Chapter being filed to merely reflect a change in the registered office address. I hereby conficting of this change.	ies, and I am familiar with and 605, F.S. Or, if this document is

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 Address <u>Title</u> <u>Name</u> Type of Action Yaramis Caminero 3420 SW 24th Street **AMBR ■** Add Hollywood, FL 33023 ☐ Remove ☐ Change □ Add ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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cument's effective date on the Dep	artment of State's records.			
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Pierre Alexandro Rodrigu				,

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Filing Fee: \$25.00