

12/4/2017

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FLORIDA MULTISERVICES, INC. ...
Account Number : I20150000061
Phone : (786)290-3319
Fax Number : (305)645-2035

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PITBULL TEAM LLC

Certificate of Status	0
Certified Copy	0
Page Count	04 5
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2017 DEC -4 PM 12:50

TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PITBULL TEAM LLC

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:

GUILLERMO PAEZ SEMENCIW

Name of Person

PITBULL TEAM LLC

Firm/Company

5005 COLLINS AVE APT. 1109

Address

MIAMI BEACH, FL 33140

City/State and Zip Code

sebadps@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUILLERMO PAEZ SEMENCIW

at (786) 7753403
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H17 000 3168683

PITBULL TEAM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/16/2016 and assigned
Florida document number L16000153423

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 "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

5005 COLLINS AVE, APT. 1109

MIAMI BEACH, FL 33140

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

5005 COLLINS AVE., APT. 1109

MIAMI BEACH, FL 33140

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:

PAEZ SEMENCIW, GUILLERMO

New Registered Office Address:

5005 COLLINS AVE., APT. 1109

Enter Florida street address

MIAMI BEACH

Florida 33140

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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	SARAH VALENTINA BLANDON	5005 COLLINS AVE APT. 1109	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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E. Effective date, if other than the date of filing: 12/04/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated DECEMBER 04, 2017



Signature of a member or authorized representative of a member

GUILLERMO PAEZ SEMENCIW

Typed or printed name of signer

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Filing Fee: \$25.00

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