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(Re	equestor's Name)	_
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(Cit	ry/State/Zip/Phone	e #)
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COVER LETTER

	Registration Sec Division of Cor				
	PEPA ELC				
SUBJEC	.1:	Name of Limi	ted Liability Company		
		Amendment and fee(s) are subtendence concerning this matter to Antonio Guedes			
			Name of Person		
		PEPA LLC		20	
		17250 Antigua Point Way	FirmCompany	FIL 2019 APR - 1 SECORE LASS FALL AREASS	
		Boca Raton - FI - 33487	Address)
		aguedes@americaeuro.com.	City/State and Zip Code .br	PM 2: 17 PM 3: 17	
		E-mail address: (to be used for future annual report notified	ntion)	
For furth	her information c	concerning this matter, please ca	all:		
Paulo G	iuedes		561 839-0068 at ()		
	Name (of Person	Area Code Daytime T	elephone Number	
Enclose	d is a check for t	he following amount:			
\$25	.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)	
		JNG ADDRESS:	STREET/COURIE		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEPA LLC		
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited Liability Company	were filed on 10/17/2016	and assigned
Florida document number 1.16000191262		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		APR - 1
		PH 2
Enter new mailing address, if applicable:		12
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	office address on our records <u>re</u> :	s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	s
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	t <u>:</u>	

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>	<u>Address</u>	Type of Action
AMBR	Paulo Guedes	17250 Antigua Point Way Boca Raton, Fl 33487	■ Add
			Remove
			Change
AMBR	Pedro Guedes	5149 Chelwyn Court - Keaton Krest - Orlando - Fl 32837	■ Add
			Date move
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			□ Remove

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				03/15/2019			/ 	1.		
(If an effecti Note: If t	ve date is listed. he date inserte	r than the dat the date must be ed in this block te on the Depar	specific and does not m	cannot be prior cet the applica	to date of filinable statutory	g or more than 90 filing requires	(option) days after fi nents, this d	ing.) Pursu	ant to 60 of be lis	15.0207 (3)6 ated as the
the recor) The 90	d specifies Oth day afte	a delayed ef er the record	fective dans is filed.	ate, but no	t an effect	ive time, at	12:01 a.i	n. on th	e earl	ier of:
Dated	Mon	CH 15	4	20/9		0				
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Typed or printed name of signee

Filing Fee: \$25.00