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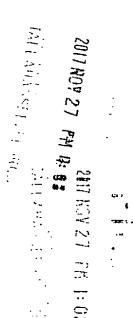
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J. HARRIS

COVER LETTER

	egistration Sec ivision of Corp			
SHRIECT		ILTING, LLC		
SUBJECT	•	Name of Limi	ited Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspor	idence concerning this matter	to the following:	
		Philippe Khouri		
			Name of Person	
		Pip Consulting, LLC		
			Firm/Company	
		130 Andrews Ave, Unit #3		
			Address	
		Delray Beach, FL 33483		
			City/State and Zip Code	
		pkhouri@pipconsulting.net		
		E-mail address: (t	o be used for future annual report notific	cation)
For further	information co	ncerning this matter, please ca	ill:	
Philippe K			at () 557-7862 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e 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)

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

(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our : Ciability Company)	records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L16000218162</u>	ability Company	were filed on 12/01/2016		and assi	gned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
PIP CAPITAL & CONSULTING, LLC					
The new name must be distinguishable and contain the we	ords "Limited Liabil	lity Company," the designation	"LLC" or the abbr	eviation "L.1.	C."
Enter new principal offices address, if applica	ıble:	130 Andrews Ave, Unit	#3		
(Principal office address MUST BE A STREE)	(ADDRESS)	Delray Beach, FL 33483			
			:	211	
Enter new mailing address, if applicable:		130 Andrews Ave, Unit #	#3	KCY 2	Multiple
(Mailing address MAY BE A POST OFFICE E	BOX)	Delray Beach, FL 33483			<u>:</u>
				· 28	
B. If amending the registered agent and/oregistered agent and/or the new registered off			cords, enter th	ne name o	f the no
Name of New Registered Agent:					
New Registered Office Address:	130 Andrews A	ve, Unit #3			
		Enter Florida street d	address		
	Delray Beach		Florida <u>3348</u>	3	
		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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
			Add
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Typed or printed name of signee		Signature of a member or authorized representative of a member		- <u>z</u>
		Philippe Khouri	· ·	121
		Typed or printed name of signee		
			•	

Filing Fee: \$25.00