117000089670

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COVER LETTER

TO: Regis	stration Se ion of Cor	ction porations	• .		
	PILITO & (CUADREDO, LLC			
SUBJECT: _		Name of Lin	nited Liability Company		
		Amendment and fee(s) are sub	-		
		FRANCISCO PIFANO			
			Name of Person		
		PILITO & CUADREDO.	LLC		
			Firm/Company	 :	
		4520 NW 107 AVE, #107			-
			Address		
		DORAL, FL 33178			_
		FRANCISCO@PIFANO.C	City/State and Zip Code OM	3	
		-	to be used for future annual report notification	n)	
For further info	ormation co	oncerning this matter, please c	all:		
FRANCISCO	PIFANO		305 680-6532		
	Name of	Person	Area Code Daytime Tele	phone Number	
Enclosed is a c	:heck for th	e following amount:			
		□ \$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)	
	Registra	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURIER A Registration Section Division of Corporation Clifton Building		

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PILITO & CUADREDO, 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 $\frac{04/24/2017}{1}$ and assigned Florida document number L17000089670 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." 4520 NW 107 AVE, #107 Enter new principal offices address, if applicable: **DORAL, FL 33178** (Principal office address MUST BE A STREET ADDRESS) 4520 NW 107 AVE, #107 Enter new mailing address, if applicable: **DORAL, FL 33178** (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: 4520 NW 107 AVE, #107 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.

DORAL

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FRANCISCO PIFANO	4520 NW 107 AVE, #107	D Add
		DORAL, FL 33178	□ Remove
			■ Change
MGR	YOVANNY SUAREZ	4520 NW 107 AVE, #107	
		DORAL, FL 33178	☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			Change
			☐ Remove
			☐ Change
			☐ Remove
			Change

			
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Tective date, if other than the date of filing: in effective date is listed, the date must be specific and ca	nnot be prior to date of filin	g or more than 90 days after fili	ng.) Pursuant to 605.020
ote: If the date inserted in this block does not meconoment's effective date on the Department of State	rt the applicable statutor, e's records.	filing requirements, this da	te will not be listed a
·			
record specifies a delayed effective dat	e, but not an effect	ive time, at 12:01 a.m	n, on the earlier (
The 90th day after the record is filed.			
ited JULY 31	2017		
ited	•		

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Typed or printed name of signee

Filing Fee: \$25.00