

12/10/14 14:20:14

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Division of Corporations

No. 6000

P. 1

L17000099055

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC
Account Number : I20160000062
Phone : (407)674-8969
Fax Number : (407)674-8972

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
PJR PIGARI LLC

RECEIVED
DEC 14 2018

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Certified Copy	1
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SHARON L. HARRIS

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Corporate Filing Menu

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T. CLINE

DEC 17 2018

EXAMINER

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
PJR PIGARI LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 05/03/2017 and assigned Florida document number .

Florida document number: L17000099055.
EIN Number: 32-0533020

Article I

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 "L.L.C."

Article II

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)

5401 S. KIRKMAN RD SUITE 135, ORLANDO, FL 32819

Article IV

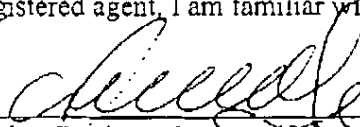
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: US TAX CONSULTING INC

New Registered Office Address: 5401 S. KIRKMAN RD SUITE 135, ORLANDO, FL 32819

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent, I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

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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

Title	Name	Address	Type of Action
			REMOVE <input type="checkbox"/>
			ADD <input type="checkbox"/>

Title	Name	Address	Type of Action
			REMOVE <input type="checkbox"/>
			ADD <input type="checkbox"/>

Title	Name	Address	Type of Action
			REMOVE <input type="checkbox"/>
			ADD <input type="checkbox"/>

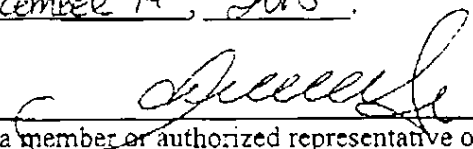
Title	Name	Address	Type of Action
			REMOVE <input type="checkbox"/>
			ADD <input type="checkbox"/>

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

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: December 14th, 2018


Signature of a member or authorized representative of a member

SERGIO SA
Typed or printed name of signee

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