

L17000116995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

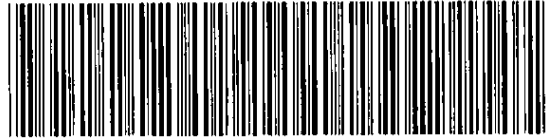
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700436192647

09/18/24--01013--016 \*\*75.00

2024 SEP 19 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WESTHOLD CAPITAL, 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:

Luciano Pieri

Name of Person

Westhold Capital LLC

Company

114 NW 25 St.

Miami Florida 33137

City/

Zip Code

lpieri@mac.com

E-mail address: (to be used for

annual report notification)

For further information concerning this matter, please call:

Luciano Pieri

968-6711

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$45.00 Filing Fee &  
Certificate of Status &  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2024 SEP 19 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FL 32303

**ARTICLES OF AMENDMENT**  
**ARTICLES OF ORGANIZATION**

WESTHOLD CAPITAL, LLC

(Name of the Limited Liability Company)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed with the Florida Secretary of State on 05/26/2017 and assigned Florida document number 117000116995.

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 "L.L.C."

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)

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

Name of New Registered Agent:

New Registered Office Address:

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

I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and correct performance of my duties, and I am familiar with and understand the obligations of my position as registered agent. 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.

(Signature of Registered Agent, if it now appears on our records.)  
(Signature of Registered Agent)

The amendment was filed on 05/26/2017 and assigned

**by company here:**

(Signature of Registered Agent, if it now appears on our records.)  
(Signature of Registered Agent)

114 NW 25 St

Miami, FL 33137

114 NW 25 St

Miami, FL 33137

**Enter the name of the new registered agent and/or the new registered office address here:**

Enter Florida street address

City, Florida Zip Code

I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and correct performance of my duties, and I am familiar with and understand the obligations of my position as registered agent. 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.

Registered Agent, Signature of New Registered Agent

If attending Authorized Person(s) authorized to manage \_\_\_\_\_ 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>Type of Action</u>
AMBR	Luciano Pieri	114 NW 25 St. <input checked="" type="checkbox"/> Add
		Miami FL 33137 <input type="checkbox"/> Remove
		<input type="checkbox"/> Change
MGR	Graciela Daluisio	114 NW 25 St. <input type="checkbox"/> Add
		Miami FL 33137 <input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove

2024 SEP 19 PM 11:55  
SECRETARY OF DEFENSE  
IN LIAISON  
SECURITY

2021 SEP 19 14:11 56  
SECRET  
ITALIA

2021 SEP 19 14:11:56  
SECRET  
ITALIA

**(optional)**

of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) statutory filing requirements, this date will not be listed as the

**Note:** If the date inserted in this block does not meet the political document's effective date on the Department of State's records.

Dated 9/01/24 \_\_\_\_\_

Signature of a member

Representative of a member

Luciano Pieri

Typed copy of \_\_\_\_\_ of signee