L17000119483

(Re	questor's Name)	
(Ad	dress)	
	idress)	
(Au	uless)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
		-
Special Instructions to	Filing Officer:	



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER '

то:	Registration Se Division of Cor			
aub ic		STMENTS LLC		
SUBJEC	CI:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are subi	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		PAOLA BIBINI		
			Name of Person	
		PYA INVESTMENTS LL	С	
			Firm/Company	
		9594 NW 41 STREET SU	TE 103	
			Address	
		DORAL FL 33178		
			City/State and Zip Code	
		NATALIAMOBILE@GMA	ML.COM to be used for future annual re	nort notification)
For furth	her information c	oncerning this matter, please ca		port notification)
	A BIBINI		786 306-	5395
	Name o	f Person	at () Area Code	Daytime Telephone Number
Enclose	d is a check for th	ne following amount:		
\$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registratio Division of Clifton Bui	Corporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PYA INVESTMENTS LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
he Articles of Organization for this Limited Liability Clorida document number L17000119483	Company were filed on 06/01/2017	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		TAT SHI
Principal office address MUST BE A STREET ADDI	RESS)	MAR TA
		R ASA
	,	9 - 6 9 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5
nter new mailing address, if applicable:		E.F.L.
Mailing address MAY BE A POST OFFICE BOX)		PRI
		N
s. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	Ciny	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VICTORIA PAOLA BIBINI	9594 NW 41 STREET SUITE 103	
		DORAL FL 33178	
			□ Change
MGR ELMER HURICANE	ELMER HURICANE LTD	ROAD TOWN	= Add
		P.O. BOX 3200 TORTOLA VI	Remove
			Change
			
			Remove
		Change	
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			🗅 Remove
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			□ Change

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. Effe	ive date, if other than the date of filing: (optional)		
NOTE	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs If the date inserted in this block does not meet the applicable statutory filing requirements, this date will sent's effective date on the Department of State's records.	suant to 60; not be list	5.0207 (3 ed as th
the r	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t 90th day after the record is filed.	he earli	er of:
Date	03/23/2018		
Date			
	(Hour to but)		
	Signature of a member or authorized representative of a member		

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Typed or printed name of signee

Filing Fee: \$25.00