L17000132243

(Re	equestor's Name)	
(Ad	ldress)	-
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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FILING CANCELLED RETURNED CHECK

17 JUN 27 PM 3: 53 DIVISION OF CORPOFATIONS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

FILING CANCELLED RETURNED CHECK

Pietro Balasso Business Strategist LLC

	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Pietro Balasso		
		Name of Person	
		Firm/Company	
	334 Sarto Ave.		
		Address	
	Coral Gables/Florida 3313	4	
		City/State and Zip Code	
	juliepolanco@hotmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Julie Polanco		786 523-1553	
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	■ \$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

FILING CANCELLED RETURNED CHECK

Pietro Balasso Business Strategist LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on June 16, 2017 and assigned
Florida document number L17000132243	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L.	iability 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)	Slow of CF
	= = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable:	GRAPOS A
(Mailing address MAY BE A POST OFFICE BOX)	PH 3: 53
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be	office address on our records, <u>enter the name of the new</u> nere:
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Age	, — ,

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	Pietro Balasso	334 Sarto Ave. Coral Gables, FL 3	■ Add
			☐ Remove
	NG CANCELLED URNED CHECK		☐ Change
			□ Remove
			Change
			Change Change Change Change Change Change Change Change Change Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			□ Change

FILING CANCELLED RETURNED CHECK By 19 29 35 Effective date, if other than the date of filing:	o.' If amending any other inform	nation, enter change(s) here: (Attach additional shee	ets, if necessary.)
Effective date, if other than the date of filing: (Optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 1 The 90th day after the record is filed. Dated Line 23 2017 Elba Zilio Signature of a member or authorized representative of a member Elsa Zilio	FILING CA	NCELLED	
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Elsa Zilio	Elsa Ziu	io	
		Signature of a member or authorized representative of a mem	ber
	Elsa Zilio		

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Filing Fee: \$25.00