# 11700218092

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## **COVER LETTER**

	Divi	ision of Corpo	orations			
SUI	вјест:	Pierpont LLC				
			Name of Limit	ed Liability Company		_
The	enclosed	Articles of A	mendment and fee(s) are subm	nitted for filing.		•
Plea	ase return	all correspond	dence concerning this matter to	o the following:		
			Steve F. Solomon Jr.			
Name of Person						<del></del>
			Pierpont LLC			
Firm/Company						
5899 Funston St.						
Address						
			Hollywood FL, 33023			
City/State and Zip Code						
			pierpontauto@gmail.com			<u></u>
	E-mail address: (to be used for future annual report notification)					
For	further in	nformation cor	ncerning this matter, please cal	11:		
Ste	Steve F. Solomon Jr. 954 806-3292					
	Name of Person at ()  Area Code Daytime Telephone Number			mber		
Enc	closed is a	check for the	following amount:			
	\$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Cert losed) Cert	00 Filing Fee, ifficate of Status & ified Copy tional copy is enclosed)

### MAILING ADDRESS:

TO:

Registration Section

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 OF

Pierpont LLC	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp.  Florida document number L17000218092	pany were filed on 10/20/2017 and assigned
Γhis 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 I	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	<u> </u>
	<del> </del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
2"	
Name of New Registered Agent:	d office address on our records, enter the name of the n here:
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with t lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability
ĪĪ	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	Anthony Armada	3723 N Pacific Breeze Circle	<b></b> Add
		Apt 301, Lauderdale Lakes, FL	□ Remove
		33309	Change
MGR	Juan Villagrana	3723 N Pacific Breeze Circle	<b>=</b> Add
		Apt 301, Lauderdale Lakes, FL	Remove
		33309	Change
MGR	Sarah Abreu	6337 Eaton St, Hollywood FL,	
		33024	□ Remove
			☐ Change
			□ Remove
			□ Change
			□ Add
			☐ Remove
			Change
			Remove A
			Change

If amending any oth			,	-	
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Effective date, if oth If an effective date is liste Note: If the date inser document's effective of	d, the date must be speci ted in this block does	fic and cannot be prior to not meet the applicab	date of filing or more than		
ne record specifies The 90th day aff			an effective time,	at 12:01 a.m. on	the earlier of:
Dated		_,			
	Signoture	e of a member or authori	zed representative of a m	ember	<u>.</u>
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		Page 3	of 3		
		Filing Fee	. \$25.00		60