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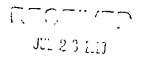
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2-2-10-2-2-10)
(Document Number)
(Essamont Names)
Cartification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

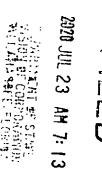


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SEP 11 2020 S. YOUNG



## **COVER LETTER**

TO: Registration Solivision of Co			
CHD IP CT	Pineda Man	ecement LLC	
SUBJECT:	Name of Lim	iled Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	K	mberly Piveda	
		Name of Person	
		Firm/Company LLC	
	1913	Selva Maring DR.	
	AHan	the Borch FL 32233	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notification)	
For further information of	Kindplivicencerning this matter, please or	eda	
1/ 1 1		a a la	
KIMBEL Name	y tweda	at ( 919 ) 412 966 1 Area Code Davtime Telephone Number	
	1	The code Daytine Telephone (Valide)	
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee Certificate of State Certified Copy (additional copy is enclosed)	atus &
Mailing Addre	ss:	Street Address:	
Registration	Section	Registration Section	
Division of C P.O. Box 633		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_ 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 on our records, 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: Enter Florida street address \_. Florida \_

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 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
AMBR	Charles tweed	1913 Selva Marma De	t\Add
		Atlantic Botch FL 32233	Remove
			□Change
			🗆 Add
			□Remove
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			□Add
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			Remove
			□Change
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			□Remove
			□Change
			DAdd
		<del></del>	🗆 Remove
			□Change

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****	
<u>iote:</u> If t	date, if other than the date of filing:
record sp I is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	7/17/2020
	Signature of a municipal dauthorized representative of a member
	Kimberly Prveda

Filing Fee: \$25.00