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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	PIKERTTO IN	JUESTMENTS, LLC	
	Name of the	succe training Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for tiling.	
Please return all correspon	dence concerning this matter	to the following:	
	STEVEN S	S LVERMAN Name of Person	
		Silverman, P.A.	•
	7740 SW	(Olth St. Sute	101
	MIAMI	FL 33176 City/State and Zip Code	
	Struck @ St	wensi Werman . W i to be used for future annual report notific	cation)
For further information con	ncerning this matter, please ca		
Steven Silve Name of I	VMUN Person	at ( <u>305</u> ) <u>666</u> Area Code Daytime	-6 (     Telephone Number
Enclosed is a check for the	following amount:		
□ \$25,00 Filing Fee	S30.00 Filmg Fee & Certificate of Status	S55.00 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 OF

SPIKER	ITO INVESTMEN	15 11 (
( <del>Name of the Limited Liat</del> (A Flor	oilliv Company as it now appears on ida Limited Liability Companianta	8 29 A He #4
The Articles of Organization for this Limited Liability Florida document number LIS000054913	Company were filed on ALLAI	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I	.imited Liability Company," the design	ation "LEC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD.	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office a		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	rvet address
		, Florida
_	Сиу	Zıp 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MOR	MANUEL PINTO	13550 SW 105 AVE	<b>\&amp;_</b>
		MIAMI FL 33176	□ Remove
			Change
MGIL	ANGELA M. PINTU	13550 SW 105 AVE	<del></del> Add
		MIAMI, FL 33176	Remove
			Change
MOR	CRISTINA PINTO	13550 SW 105 Hol	Add
		MIAMI, FL 33176	<b>₽</b> Remove
			🖾 Change
			🗆 Add
			□ Remove
			□ Change
			□ Add
			☐ Remove
			Change
			□ Remove
			Change

). If amendii	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
Note: If the	ate, if other than the date of filing: (optional) 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 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of the backet has after the record is filed.
Dated	8/19.2019
-	Signature of a member or authorized representative of a member
-	CNSTING PINTO Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00