

L18000204771

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EAVENSON, FRASER & LUNSFORD, PLLC
Account Number : I20140000035
Phone : (904)567-1162
Fax Number : (904)567-1065

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG
RESIGN
PIEHOLE LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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2019 SEP 25 PM 12:20

2019 SEP 25 PM 2:23

SEP 26 2019

M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PIEHOLE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald Miller, Esq.

Name of Person

Evenson, Fraser & Lunsford, PLLC

Firm/Company

4230 Pablo Professional Court, Suite 250

Address

Jacksonville, FL 32224

City/State and Zip Code

don@efli.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Hoffman

Name of Person

at (**904**)

Area Code

425-9975

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
OF**

PIE HOLE LLC

(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 August 27, 2018 and assigned Florida document number L18000204771.

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)

Attn: Mark Otis Humphrey

1718 Coconut Drive

Fort Pierce, FL 34949

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

City

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>	<u>Address</u>	<u>Type of Action</u>
MGR	BRIAN P. BRIDGE	1566 THUMBPOINT DR	<input type="checkbox"/> Add
		FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

MON SEP 25 PM 2:23

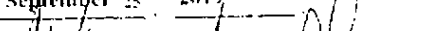
E. Effective date, if other than the date of filing: _____ (optional)

(b) 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 405.0207 (1)(b)]

State. If the date of filing in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Date: September 25, 2019



Signature of a member or authorized representative of a member

Mack O. Humphrey

Typed or printed name of signer