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(Requestor's Name)
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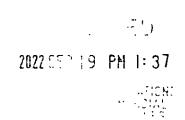
Division of Co			
SUBJECT:	PII CON	SULTING, "L.L.C."	
SUBJECT.		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		JUNIOR JOSEPH	
		Name of Person	
	PI DIVIDENDS CON	SULTING & MANAGEMENT.	"L.L.C."
		Firm/Company	·
	67-	12 FOREST HILL BLVD PMB	3# 2 59
		Address	
	WI	EST PALM BEACH, FL 33413	
	<u> </u>	City/State and Zip Code	
	E-mail address: (info@pidividend.com to be used for future annual report r	notification)
For further information o	oncerning this matter, please c		(Control of the Control of the Contr
JUNIOR	JOSEPH	561 200-5100	
Name of Person		at () Area Code Days	time Telephone Number
Enclosed is a check for the	he 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 \$tatus & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	
Division of Corporations		Division of Corporations The Centre of Tallahassee	
P.O. Box 6327		THE CERRE OF	i i ananassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303





August 17, 2022

JUNIOR JOSEPH 6742 FOREST HILL BLVD. PMB #259 WEST PALM BEACH, FL 33413

SUBJECT: PI DIVIDENDS CUNSULTING & MANAGEMENT L.L.C.

Ref. Number: W22000097341

We have received your document for PI DIVIDENDS CUNSULTING & MANAGEMENT L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I sent back the original form back—for a correction. You sent back a Corporation Amendment form. I am sending you a LLC Amendment Form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

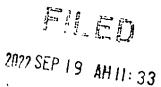
If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 922A00016624

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



PTT CONSU	1/ Trave "///	-11	Si Si
(Name of the Limited Liability (A Florida Li	Company as it now appears on imited Liability Company)	our records.)	SLUM TALLAHASSEN F
The Articles of Organization for this Limited Liability Con	npany were filed on <u>09/</u>	13/2018	
lorida document number <u>[18000217795</u> .			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited Pr Dividends, "L.L.C." the new name must be distinguishable and contain the words "Limited"			
ne new name must be distinguishable and contain the words "Limited	d Liability Company," the design	nation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:	- ·		
Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered o	office address on our reco	rds, <u>enter the n</u>	ame of the new register
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	street address	
		F71 . 1	
	City	, Florida	7/n Cart-

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
			□Remove
			Change
		·	□Aád
			□Remove
			Change
			□Add
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more	(opti	onal)	unt to 605 N	207
te: If the date inserted in this block does not meet the applicable statutory filing rement's effective date on the Department of State's records.	equirements, thi	s date will no	t be listed	as
which is creative date on the Department of State 3 records.				
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th	day after th	he
s filed.				
ed September 7, 2022				
ded September 7, 2022				
	a member			

Filing Fee: \$25.00