118000237779

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (only, oracle, p.m. from any |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Basiless Linky Name) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



500321078855

11/27/18--01011--002 ••25.00

18 1.67 27 EH 5: 45

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|--|---|
| SUBJECT: PI AU | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Janieu | Stewart Presid | lant |
| | PI Autol | Firm/Company | -,,,,, |
| | 1717 East B | usch Benterand Address | Ste.903 |
| | Tampa, | FL 33612 City/State and Zip Code | |
| | Plantsbruk 1:-mail address: (| erse symcial, come to be used for future annual report notific | cation) |
| For further information c | oncerning this matter, please ca | all: | |
| Janiece Name o | Stee yest f Person | at (<u>3/3</u>) <u>2 § S - §</u> Area Code Daytime | Co CoST Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional co _i y 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

| (Name of the Limi | to brokers Lined Liability Company a (A Florida Limited Liab | as it now appears on out | records.) | |
|---|---|--------------------------------|---------------------|---------------------|
| The Articles of Organization for this Limited L | Liability Company we | | | and assigned |
| Florida document number <u>418000 933</u> | · | | | |
| This amendment is submitted to amend the following | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liabilit | y company here: | | |
| The new name must be distinguishable and contain the | words "Limited Liability | Company " the decionation | m "LLC" or the shi | revistion 21.1 C |
| , | | company. the designation | ni libe of the abi | ي المالية |
| Enter new principal offices address, if appli- | | | | |
| (Principal office address MUST BE A STREI | <u>ET ADDRESS)</u> _ | | | |
| | _ | | | ~ |
| | | | | |
| Enter new mailing address, if applicable: | _ | | | ্ৰ |
| (Mailing address MAY BE A POST OFFICE | (BOX) | | | <u> </u> |
| | _ | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | office address here: | | | the name of the new |
| Name of New Registered Agent: | | e Stewa | | |
| New Registered Office Address: | 1717 Cast | Busch Ba Emer Florida stree | rterand Haddress | Ste. 903 |
| | Tampa | City | Florida | 33612 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--------------|----------------|
| | | | |
| | | | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | ☐ Add |
| | | | © Remove |
| | | | :' Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | D Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |

_____ □ Change

| | | | <u> </u> | | | |
|----------|--|-------------------|---------------|----------------|----------------|---------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | <u> </u> | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | · · |
| | | | | | | <u>,</u> |
| | | | | <u> </u> | | <u> </u> |
| | | | | | | ··· |
| | | | | | | *- |
| | - | | | | | ֥ |
| | | | | | | · := |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | - | | | | | |
| | | | | | | |
| | | | | | | |
| E. Effec | tive date, if other than t | the date of filin | ıg: | | (opt | ional) |
| | ffective date is listed, the date in this If the date inserted in this | | | | | |
| | nent's effective date on the | | | | | |
| | | | | | | |
| | 1 25 | | | t an effective | time, at 12:01 | a.m. on the earlier |
| | | | _ | | | |
| | ecord specifies a delay e 90th day after the r | ecora is filea | | | | |
| (b) Th | e 90th day after the r | | | / | | |
| (b) Th | | | | <u> </u> | | |
| (b) Th | e 90th day after the r | · 33 | . <u>2015</u> | | 22 t | |

Page 3 of 3

Filing Fee: \$25.00