

L190000 11988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

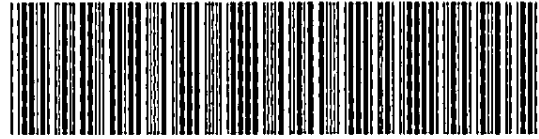
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/28/19--01047--026 **25.00

FILED
19 FEB 19 AM 9:02
TALLAHASSEE, FLORIDA

FEB 20 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2019

GIOVANNI A TALGIER
YOU CALL WE PICK UP
447 SE 33 TERRACE
HOMESTEAD, FL 33033

SUBJECT: YOU CALL WE PICK UP LLC
Ref. Number: L19000011988

We have received your document for YOU CALL WE PICK UP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 119A00002778

RECEIVED

2019 FEB 19 PM 3:00

SECRETARY
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: You call we Pickup Lcc
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:

Giovanni A talgier
Name of Person

You call we Pickup LLC.
Firm/Company

447 SE 33 terrace
Address

Homestead, FL 33033
City/State and Zip Code

info@youcallwepickup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giovanni A talgier at (786) 481 8092
Name of Person Area Code 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**

You Call we Pick up 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 01/10/2019 and assigned Florida document number L19000011988.

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)

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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 _____

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 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>
AP	447 SE 33 terrace		<input type="checkbox"/> Add
	Homesd, FL	De fex MAURICIO	<input checked="" type="checkbox"/> Remove
	33033		<input type="checkbox"/> Change
AP	De fex MAURICIO	447 SE 33 terrace	<input type="checkbox"/> Add
		Homesd FL 33033	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.)

Please Remove
MAURICIO DE JEX = AP.

E. Effective date, if other than the date of filing: 01/11/2019 (optional)

(If 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 605.0207 (3)(b)

Note: If the date inserted 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 01/11/2019

Signature of a member or authorized representative of a member

Giovanni A Alcide

Typed or printed name of signee