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SECRETARY OF STATE
TALLAR ASSEE, FI

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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	ct: Pilnto Construction Services LLC
SUBJE	Name of Limited Liability Company
	•
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	Geramny Piloto Name of Person  Firm/Company
	1168 Rambe Ct
	, , , , , , , , , , , , , , , , , , , ,
	De Hona, FL 32725 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fun	her information concerning this matter, please call:
<u>Yu</u>	Name of Person at (407) 222 7819  Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
E \$2:	0.00 Filing Fee □ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FI. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ploto Construction Se	pany as it now appears on our records.) d Liability Company)		_	
The Articles of Organization for this Limited Liability Compare Florida document number <u>L190001869</u> (a).		an	d assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
			20	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the	abbiteviatio	эл <b>ЧЭ</b> L.С  Н	·" <del></del>
Enter new principal offices address, if applicable:		7 (7)	(	اخ شا الت <u>اه</u> سان
(Principal office address MUST BE A STREET ADDRESS)		: ; 5:	23	<u> </u>
		<i>2</i> 2.5	P.	1 1
		TT (2)	ب	U
Enter new mailing address, if applicable:			: 29	
(Mailing address MAY BE A POST OFFICE BOX)		<del>- , ii</del>		<del></del>
mining duaress man be a 1000 Office box			•	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the na</u>	me of the	e new re	gistered
Name of New Registered Agent:		<del></del> -		
New Registered Office Address:	Enter Florida street address	<del></del>		<del></del>
	Pi 'i			
	, Florida	Zinf	'cyle	

## 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>	Address	Type of Action
MOR	Yeranny Piloto	11108 Bamble Ct	BAdd
	, .)	1168 Bamble Ct Deltona FL 32725	□Remove
			□ Change
			□Add
			Remove  SECOND AMOVE  SECOND AMOVE  SECOND AMOVE
			AMOREMONE CONTROL CHARGE
			□Remove
			□ Change
			□Add
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Effective date, if o	thar than tha di	ito of filings				_ (option:	d)		
If an effective date is li Note: If the date in document's effective	sted, the date must be serted in this block	e specific and ca c does not me	unnot be prior to et the applicat	ole statutory f	r more than 90 d iling requireme	ays after tili	ng.) Pursu	ant to 605 of be list	5.0207 ( ted as t
e record specifies a ord is filed.	lelayed effective d	ate, but not a	n effective tim	ie, at 12:01 a.	m. on the earlie	er of: (b)	The 90th	day afte	er the
Dated 12 12/1	9			- <b>.</b>					
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		gnature of a me	moer or author	/ ized representa	tive of a member	ī			

Filing Fee: \$25.00