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' Divi	ision of Corp	orations		: الم ^ا لِّةِ المَّالِّةِ المَّالِّةِ المَّالِّةِ المَّالِّةِ المَّالِّةِ المَّلِّةِ المَّلِّةِ المَّلِّةِ المَّ
SUBJECT:	SKYSURAN	NCE, LLC		10/10/25
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	amendment and fee(s) are sub-	mitted for filing.	ŕ
Please return	all correspon	dence concerning this matter	to the following:	
		Deborah Love		
			Name of Person	
		Friedman, Rosenwasser &	Goldbaum. P.A.	
			Firm/Company	
		7280 W. Palmetto Park Rd	., Suite 202	
			Address	
		Boca Raton, FL 33433		
		dlove@frglaw.com	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notific	ation)
For further in	nformation co	ncerning this matter, please ca	all:	
Deborah Lov	ve		561 404-8755	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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

SKYSURANCE, 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 $\frac{02/13/2019}{1}$ Florida document number 119000044583 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PINI Franchise, LLC 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) 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 City

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>	Name	Address	Type of Action
			□ Add
			□ Remove
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			□ Remove
			☐ Change
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effective date is listed, the date must e: If the date inserted in this blo	be specific and cannot be prior	to date of filing or more tha	in 90 days after filing.) Pursuant to	
ument's effective date on the De		iolo statatory riling requ	memens, and and will not be	noted a
record specifies a delayed	effective date, but not	t an effective time,	at 12:01 a.m. on the ea	arlier o
he 90th day after the reco	na is mea.			
ed November 20	2019			
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Runale	Signature of a member or author	nuasser		_

Page 3 of 3

Filing Fee: \$25.00