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COVER LETTER

TO:	Registration S Division of Co				
	PEGASO	S ONE LLC		194.	84.°
SUBJ	ECT:				
		Name of Lir	nited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
		SPIROS NAOS			
		***************************************	Name of Person		
		PEGASOS ONE LLC			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		
		10 NW 42ND AVENUE	SUITE 320		
			Address		
		MIAMI, FL. 33126			
		SPIRON777@GMAILCC	City/State and Zip Code		
		E-mail address:	to be used for future annual report notif	ication)	
For fur	ther information o	oncerning this matter, please c	all:		
SPIRO	OS NAOS		954 274-2737		
	Name o	of Person	at () Area Code Daytime	Telephone Number	
	TVanic 0	0.4 (150)	Afea Code Daytime	Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$25	5.00 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 Statu Certified Copy tadditional copy is enclosed.	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI, 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

PEGASOS ONE LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on o ited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp L19000078872	pany were filed on $\frac{3/20/19}{2}$	and assigned
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 I	Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2019 AUG 2:6 AM
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida su	reet address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

THE SECRET OF SECURITION AND ADDRESS.

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
AMBR	SPIROS NAOS	8310 SW 63rd Court	
		Miami, Fl. 33126	
			Remove
			Change
MGR	SPIROS NAOS	8310 SW 63rd Court	- -
		Miami, Fl. 33126	
			☐ Remove
			□ Remove
			Change
			□ Remove
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this black document's effective date on the De	ock does not meet the ap	plicable statutory filing r	(optional) than 90 days after filing.) Pursua equirements, this date will no	unt to 605.0207 (3)(of be listed as the
the record specifies a delayed The 90th day after the rec	l effective date, but ord is filed.	not an effective tim	ie, at 12:01 a.m. on the	e earlier of:
August 23 Dated	2019			
Dated) //	<u> </u>		
	Alle	uthorized representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00