
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : INREP, LLC
 Account Number : I20170000048
 Phone : (754)333-1797
 Fax Number : (954)301-0210

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INREP101@OUTLOOK.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 PIPE MANAGEMENT "LLC"**

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 DIVISION OF STATE
 FACILITY FLORIDA

To:

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2022-06-15 20:00:31 GMT

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From: INREP LLC

COVER LETTER

TO: Registration Section
Division of Corporations

((H22000208348 3)))

SUBJECT: PIPE MANAGEMENT "LLC"

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:

MARIO REYES

Name of Person

INREP LLC

Firm/Company

2333 N STATE ROAD 7 STE L

Address

MARGATE, FL 33063

City/State and Zip Code

INREP101@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO F PINEROS

Name of Person

at (954)

Area Code

247-9751

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H22000208348 3)))

PIPE MANAGEMENT "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 03/28/2019 and assigned
Florida document number L19000086389.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PIPE MANAGEMENT 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)

2333 N STATE ROAD 7

STE L

MARGATE, FL 33063

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2333 N STATE ROAD 7

STE L

MARGATE, FL 33063

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:

INREP LLC

New Registered Office Address:

2333 N STATE ROAD 7 STE L

Enter Florida street address

MARGATE

Florida

33063

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PINEROS, DIEGO F	2333 N STATE ROAD 7	<input type="checkbox"/> Add
		STE L	<input type="checkbox"/> Remove
		MARGATE, FL 33063	<input checked="" type="checkbox"/> Change
AP	PINEROS, LAURA	2333 N STATE ROAD 7	<input type="checkbox"/> Add
		STE L	<input type="checkbox"/> Remove
		MARGATE, FL 33063	<input checked="" type="checkbox"/> Change
AP	PINEROS, MARIA I	2333 N STATE ROAD 7	<input type="checkbox"/> Add
		STE L	<input type="checkbox"/> Remove
		MARGATE, FL 33063	<input checked="" type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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E. Effective date, if other than the date of filing: _____ **(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)

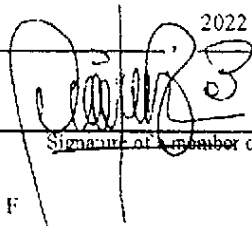
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 June, 15

2022

_____
Signature of member or authorized representative of a member

PINEROS, DIEGO F

Typed or printed name of signee