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COVER LETTER

SUBJECT:	Pines Limo Name of Lin	Services nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	_	Name of Person Services Firm/Company			
	2/75 Su	Address			
	MINAMAR	F/ 37025 City/State and Zip Code			
		T LAIGE 77 @ Ho7 / to be used for future annual report notrice		13 0	710 310 051
For further information co	oncerning this matter, please co	all:		<u> </u>	
Torrence. Name o	Memp Person	at (<u>78C</u>) <u>795</u> Area Code Daytime	6708 Felephone Number	g PM 2: 32	Ker SIME
Enclosed is a check for th	e following amount:				£5
\$25.00 Filing Fee	□ \$30.00 Fifing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of \$ta Certified Copy (additional copy is et	itus &	

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

Mines limo s	Tervices &	4 C		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now app Limited Liability Compan	pears on our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on	9/23/19	and ass	signed
Florida document number 4/9 000 2325 76	<u>,</u> <u>2</u> .	/		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company	<u>v here</u> :		
The new name must be distinguishable and contain the words "Limit	ted Liability Company." th	he designation "LEC" or the	e abbreviation "I,	.LC.''
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR.	<u>ESS)</u>			
Enter new mailing address, if applicable:				7) 5)10
(Mailing address MAY BE A POST OFFICE BOX)			 	Callega
Islands man essent be at tool will tell bory				
			- 5	汉名员
B. If amending the registered agent and/or regist	ered office address	on our records, ent	er the name	ਾਂ ਹੋਵ of the r
registered agent and/or the new registered office addr			?	31.51
			(C)	35
Name of New Registered Agent:				
New Registered Office Address:				
	Enter 1	Florida street address		
		Florida		
	City		Zip Code	
Name Danishania Commercial Commercial Contraction Contraction				

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. Thereby 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actic
MGR	Torrere Kemp	2175 Sw 99 Way MilaMAr F/	_D Add
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Note:	ive date, if other than the date of filing: [cetive 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 605,02th High date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	10-8- 7019
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00