

10/5/21, 4:45 PM

Division of Corporations
 Florida Department of State
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(((H21000373023 3)))



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

From:
 Account Name : TAXLEAF.COM INC
 Account Number : 120140000084
 Phone : (305)541-3980
 Fax Number : (786)713-1940

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

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2021 OCT -6 PM 2: 54

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 PIPEONE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

OCT - 7 2021
 S. PRATHER

2021 OCT -6 PM 3: 14

TALLAHASSEE, FLORIDA

H21000373023 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIPEONE 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 10/21/2019 Florida document number 119000264252

FILED 2021 OCT -6 PM 2:35:44 SECRETARY OF STATE FALLAHASSEL, FLORIDA

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 14334 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33181 (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 14334 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33181 (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: ROMAR INTERNATIONAL LLC

New Registered Office Address: 14334 BISCAYNE BLVD Enter Florida street address

NORTH MIAMI BEACH Florida 33181 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.

[Handwritten Signature]

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CANTELLI, MARCIO A	14334 BISCAYNE BLVD	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33181	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DE SOUZA CARVALHO, JOSIANO	14334 BISCAYNE BLVD	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33181	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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