6/12/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200001787143)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONFI HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

O SIMMONS

<u>ju</u>n 15 2020

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT 2020 JUN 12 Ali 9: 24 ARTICLES OF ORGANIZATION OF

CONFI HOLDINGS, LLC	<u></u>		
(Name of the Limited Liability (A Figure Liability)	ompany as it now appears on our records.) nued Liability Company)		
The Articles of Organization for this Limited Liability Com	pany water near on		
Florida document number L20000005706			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The state of angle the words "Limite	d Linbility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	(22)		
(Principal office address MUST BE A STREET ADDRE	<u></u>		
41			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Name of New Registered Agent:	office address on our records, <u>enter the name of the new registered</u>		
New Retristered Office Address:	Enter Fiorida street address		
	, Florida		
	City , Florida Zup Code		
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a	nd agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and mplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is a loffice address, I hereby confirm that the limited liability		
	If Changing Registered Agent, Signature of New Registered Agent		
	is Cuesting well-		

MGR = Manager AMBR = Authorized Member		A second second		
		· / Address	Type of Actio	
<u>Title</u>	Name	6700 NW 77TH CT #140		
MGR	PETECOF, FABRIZIO C			
		MIAMI, FL 33166		
			Change	
MGR	PMC Florida Enterprise, LLC	6700 NW 77TH CT #140	BAdd	
		MIAMI, FL 33166	□Remove	
			☐ Change	
MBR	PMC Florida Enterpriso, LLC	6700 NW 77TH CT #140	12/Add	
		MIAMI, FL 33166	□ Remove	
			Change	
			DAdd	
		-	□Remove	
a Marine de la			Change	
			DAdd	
			□Remove	
	de de la companya de		Change	
	Ty kada			
			□Remove	
			Change	

, ,	g any other information, enter change	(s) here: (Attach additiona	2020 Jl I sheets, if necesso	אינים.
		<u></u>		
			 	
		· - · · · · · · · · · · · · · · · · · ·		
-		· · · · · · · · · · · · · · · · · · ·		
				·····
		····	·	
	date, if other than the date of filing:		(optiona	l)
nective	ve date is listed, the date must be specific and cann	ot be prior to date of filing or more	than 90 days after filit	sg.) Pursuant to 605,020
en effectiv	he dote incorred in this block does not meet t		edancinciiin ann an	
m effectiv ote: If the cument'	he date inserted in this block does not meet to a effective date on the Department of State.	records.		ie will not be histed t
meffective ote: If the ocument	he date inserted in this block does not meet to a effective date on the Department of State.	s records.		ie win not be fished t
en effective ote: If the ocument	's effective date on the Department of State's	s records.	the earlier of: (b)	
en effective ote: If the ocument	's effective date on the Department of State's	s records.	the earlier of: (b)	
en effective ote: If the ocument	's effective date on the Department of State's secifies a delayed effective date, but not an expective	s records. Rective time, at 12:01 a.m. on	the earlier of: (b)	
en effective ofe: If the comment of	's effective date on the Department of State's secifies a delayed effective date, but not an expective	s records.	the earlier of: (b)	
en effective ofe: If the comment of	's effective date on the Department of State's secifies a delayed effective date, but not an expective	s records. Rective time, at 12:01 a.m. on	the earlier of: (b)	
en effective ofe: If the comment of	's effective date on the Department of State's becifies a delayed effective date, but not an effective date date, but not an effective date date date date date date date dat	s records. Rective time, at 12:01 a.m. on	1	
en effective ofe: If the comment of	's effective date on the Department of State's pecifies a delayed effective date, but not an effective date date, but not an effective date date date date date date date dat	frective time, at 12:01 a.m. on	1	
en effective ofe: If the comment of	Secretive date on the Department of State of Sta	frective time, at 12:01 a.m. on 120 er or authorized representative of Florida Enterprise, LLC)	1	
en effective ofe: If the ocument of the ocument occurrent of the ocument occurrent of the ocument occurrent occurren	Secretive date on the Department of State of Sta	frective time, at 12:01 a.m. on	1	
en effective ofe: If the ocument of the ocument occurrent of the ocument occurrent of the ocument occurrent occurren	Secretive date on the Department of State of Sta	frective time, at 12:01 a.m. on 120 er or authorized representative of Florida Enterprise, LLC)	1	
en effectiv ocement	Secretive date on the Department of State of Sta	frective time, at 12:01 a.m. on 120 er or authorized representative of Florida Enterprise, LLC)	1	