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To:			
	Division of Co	(porations	
	Fax Number	: (850)617-6383	
Prom:			Time.
	Account Name	CORPORATE CREATIONS INTERNATIONAL INC.	·~ -
	Account Number	: 110432003053	
	Phone	: (561)694-8107	1
	Fax Number	: (561)694-1639	•

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PIDINI LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIDINI LLC		
(Name of the Limited Lia (A Flo	ibility Company as it now appears on our records orida Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Florida document number L20000008455	y Company were filed on 01/13/2020	and assigned
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the l	imited liability company here:	70 - 51
		2020 SEC
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC"	or the abbreviation "LSC."
Enter new principal offices address, if applicable:		N 400
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:	·	21 ATE
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here	ered office address on our records, <u>enter t</u> <u>e</u> ;	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SELIM TEZCAN	31 SE 5TH ST., APT. 3621	
		MIAMÍ, FL 33131	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the applic ocument's effective date on the Department of State's records	Cable statutors	g or more than 9 y filing require	(option O days after fil ments, this d	lina I Dumuan	t to 605.02: be listed :
record specifies a delayed effective date, but not an effective ti is filed.	ime, at 12:01	a.m. on the ea	rlier of: (b)	The 90th da	y after th
ated January 28th 2020					

Filing Fee: \$25.00