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## **COVER LETTER**

Division of Cor			
PEBRO BO	DBEA LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CARLOS ROSARIO		
		Name of Person	
	CUTLER BAY TAX SER	VICES	
		Firm/Company	
	19485 S DIXIE HWY STE	EΒ	
		Address	
	MIAMI FL 33157		
	CARLOS@CUTLERBAY	City/State and Zip Code FAX.COM	
	_	to be used for future annual report noti	ification)
For further information of	oncerning this matter, please c	all:	
CARLOS ROSARIO		305 282-8744 at()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEDRO BOBEA LEC	Liability Comm		r on our records	,		_
(Name of the Limited (A	Florida Limited	Liability Company)	s on our records	±)		
The Articles of Organization for this Limited Liab	oility Company	were filed on 1-1	4-2020		and	assigned
Florida document number L20000021179	·					
his amendment is submitted to amend the follow	ving:					
a. If amending name, enter the new name of t	he limited liah	oility company he	ere:			
PEDRO BOBEA LLC						
he new name must be distinguishable and contain the wor	ds "Limited Liabi	ility Company," the d	esignation "LLC"	or the abbi	eviation	"L.L.C."
Inter new principal offices address, if applicat	ole:	N/A				
<u>Principal office address MUST BE A STREET</u>	ADDRESS)			<u>.</u>		
					0	
				1-:	(C)	17
inter new mailing address, if applicable:		N/A		· · · · · ·	<del></del>	!
Mailing address MAY BE A POST <u>O</u> FFICE BO	0X)			••	7989 X.	· • i
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<ol> <li>If amending the registered agent and/or reg gent and/or the new registered office address</li> </ol>		address on our ro	ecords, <u>enter t</u>	he name	of the	new regis
gent and/or the new registered office address	nere.					
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
		Enter Flor	rida street address			
			kilo.	rida		

## New Registered Agent's Signature, if changing Registered Agent:

DEDDO DODEATIC

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.

City

Zip Code

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

tle	<u>Name</u>	Address	Type of Action
N/A	N/A	Ν/Λ	□Add
			□Remove
			□Change
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tive date, if other than the date of filing:	ior to date	of filing or	more than 9	(opti 0 days after	<b>onaι)</b> · filing.) Ρι	irsuant to	605.0
If the date inserted in this block does not meet the appl nent's effective date on the Department of State's record	licable st	atutory fil	ing require	ments, thi	s date wil	l not be	listed
ment 3 effective date on the Department of State 3 feeded	as.						
rd specifies a delayed effective date, but not an effective	etime at	12:01 a.m	on the ea	rlier of: (b	i) The Q	Oth day	after i
iled.	· · · · · · · · · · · · · · · · · · ·	re.or a.m	. On the ed	mer on (e	, 11.0	out day	
FEBRUARY 11 2020	·						
Signature of a member or aut	thorized r	enresentation	ve of a mem	ber			-