## L20000118050

(Requestor's Name)
(Address)
(Address)
(
(2) (2) (3) (4)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Social Names)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Pite Straight LLC	20	
Name of Limite	ed Liability Company	ند مر
		Ú
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
_Amanda	Joseline Requero  Name of Person	
Pite Straig	T Finn/Company	
2501 Hasson	VIHE Street Address	
_ Kissimmee	FL 34744 City/State and Zip Code	
Apequer de l'inail address: (to	be used for future annual report notification)	
For further information concerning this matter, please call	11:	
Amanda J. Peguero Name of Person	at (321 ) 437-7313  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
S25.00 Filing Fee & S30.00 Filing Fee & Certificate of Status 26698150721	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 11.

Rike SHOOM LLC (Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	•		
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000118050</u> .	were filed on 5112020 and assigned	•		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	_		
Enter new principal offices address, if applicable:	2501 Horsonite Street	_		
(Principal office address MUST BE A STREET ADDRESS)	hissimmee FL 34744	_		
		-		
Enter new mailing address, if applicable:	PO Box 453711			
(Mailing address MAY BE A POST OFFICE BOX)	Kissimmee 34745	_		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new regist	_ <u>erec</u> _		
New Registered Office Address:	Enter Florida street address	-		
	, Florida			
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>94</u>	Jayden Pequero	2501 Hossonite Street	□ Adđ
	<b>J</b>	2501 Hossonite Street Kıssımmee Fl 34744	KRemove
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