Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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TO:

Registration Section

COVER LETTER

DIV	ision of Corp	_ PROPERTIES PROFESSION	VAL LIMITED LIABILITY			
SUBJECT:			ed Liability Company	<u></u> .		
The enclosed	d Articles of A	Amendment and fee(s) are subn	nitted for filing.			
		ndence concerning this matter t				
		Cheyenne Moseley				
			Name of Person			
		Legalzoom.com, Inc.				
	•		Firm/Company			
		101 N Brand Blvd 11th Fl				
			Address			
		Glendale, CA 91203				
		City/State and Zip Code				
		eric@pinwheelprops.com E-mail address: (1	o be used for future annual report noti	fication)		
For further i	information c	oncerning this matter, please ca				
Cheyenne N		•	800 773-0888			
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is	a check for the	he following amount:				
\$25.00		□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		ING ADDRESS: ration Section	STREET/COUR Registration Section	on ·		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000131219	were filed on 05/14/2020	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:	
Pinwheel Properties PLLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	office address on our records re: Enter Florida street addres	1 2: 32 1 1/4 E
	TI.	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete	ree to act in this capacity. I fu to performance of my duties, a	nd Lam Jamiliar With and
accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	s provided for in Chapter 605,	F.S. Or, if this document is

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
			Remove
			☐ Change
			□ Add
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			Change
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			Remove
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Mective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and earnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 9207 foliage. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The 90th day after the record is filed. Signature of a member or authorized representative of a member		
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