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## **COVER LETTER**

TO: Registration So Division of Con				
PIPSET, L				
SUBJECT:	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:		
	Adrian Corona			
		Name of Person		
	PIPSET, LLC			
		Firm/Company		
	8096 NW 96TH TER APT	`. 206		
		Address		
	TAMARAC. FL 33321			
	1-1	City/State and Zip Code		
	AdrianC319@gmail.com			
For further information of	E-mail address: ( oncerning this matter, please c	to be used for future annual report no	tification)	
Adrian Corona	oneering this matter, presse c	904 386-9513		
Name of Person		at () Area Code Daytii	me Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$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 tadditional copy is enclosed)	
<u>Mailing Addres</u> Registration :		Street Address: Registration S	ection	
Division of C		Division of Co	orporations	
P.O. Box 632		The Centre of	Tallahassee oe Street, Suite 810	
Tallahassee,	LP 373 14	4410 IN. MOHE	oc succi, suite atv	

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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PIPSET, LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liab		iled on <u>07/13/2020</u>	and assigned
Florida document number 1.20000200457	·		
This amendment is submitted to amend the follow	ring:		,
A. If amending name, enter the new name of the	he limited liability ço	mpany here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Com	pany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	·	44
		<del> </del>	
D. 16		s on our records, <u>enter tl</u>	ne name of the new regis
	<u>here</u> :		
	<u>here</u> :		
agent and/or the new registered office address	<u>here</u> : 		
-	<u>here</u> : 	Enter Florida street address	
agent and/or the new registered office address    Name of New Registered Agent:	<u>here</u> :		idaZip Code

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 Changing Registered Agent, Signature of New Registered Agent

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Adrian Corona	8096 NW 96TH TER APT. 206	■Add
		TAMARAC, FL 33321	□Remove
			□Change
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Effective date, if other than if an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must ne specific an s block does not :	a cannot be prior meet the applica	to date of filing of n	iore than 90 days a	ner tung.)	Pursuant to 605.0207 vill not be listed as
e record specifies a delayed effe rd is filed.	ctive date, but no	t an effective ti	me, at 12:01 a.m.	on the earlier of	: (b) The	90th day after the
Dated August 24th			·			
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Filing Fee: \$25.00