L2000269930

(R€	equestor's Name)	
(Ac	ldress)	-
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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PULLFORI SUBJECT:	PULL LLC	· •	J.
30bite1.	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:	
	BENJAMIN KAPELUSH	NIK	
		Name of Person	
		Firm/Company	
	20901 NE 30TH COURT		
		Address	
	AVENTURA, FL 33180	City/State and Zip Code	
	PULLFORPULL@GMAIL	•	
	~	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please c	•	
BENJAMIN KAPELUSI	HNIK	310 600-8206 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration Sec	tion
Division of C	,	Division of Corp	
P.O. Box 632		The Centre of To	
Tallahassee, I	FL 32314 /	2415 N. Monroe	Street, Suite 810
		Tallahassee, FL	32303

Registration Section Division of Corporations

TO:

TO ARTICLES OF ORGANIZATION OF

PULLFOR PULL LLC

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our re Liability Company)	ecoras.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000269930</u> .	were filed on 08/31/2020	and assignc	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation		
Enter new principal offices address, if applicable:	PULLFORPULL LLC	2020 NOV	
(Principal office address MUST BE A STREET ADDRESS)	20901 NE 30TH COURT	T T	
	AVENTURA, FL 33180	23. [
		可 3. 口	
Enter new mailing address, if applicable:		,	
(Mailing address MAY BE A POST OFFICE BOX)		02	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>e</u>	nter the name of the new re	
New Registered Office Address:	Enter Florida street a	ddraw	
	City	_, Florida	
New Registered Agent's Signature, if changing Registered Agent:		·	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter (s, and I am familiar with ar 605, F.S. Or, if this documer	

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
MGR	Va S i <u>l</u> e Candale	4131 STIRLING RD APT 306	
		DAVIE, FL 33314	
			□Change
			□Add
			2000 PH □Remove
			: 20 □Remove
			□Add
			□Remove
			□Change
			🗖 Add
			□Remove
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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 r	licable statutory filing requirem	ents, this date will not be li
an effective date is listed, the date must be specific and cannot be particle. If the date inserted in this block does not meet the approximent's effective date on the Department of State's reco	is.	
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