LZ0000310413

(Requ	estor's Name))
(Addre	ess)	
(Addie	ess)	
(City/S	State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fili	ing Officer:	





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COVER LETTER

Division of Co			
PEUMO I SUBJECT:	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter	<u>-</u>	
	MARIA S. TUOZZO		
		Name of Person	
	MTR & ASSOCIATES LI	.C	
		Firm/Company	
	1000 NW 57TH COURT S	SUITE 1040	
		Address	
	MIAMI, FL, 33126		
		City/State and Zip Code	
	antonio@eltit.cl E-mail address: ()	to be used for future annual report noti	fication)
For further information	concerning this matter, please ca		
MARIA S. TUOZZO		305 471-5874	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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 Addr Registration	Section	Street Address: Registration Sec	
P.O. Box 63	Corporations 327	Division of Cor The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEUMO LLC		
(Name of the Limited I. (A F	lability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L20000310413	lity Company were filed on 10/01/2020	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation L.C."
Enter new principal offices address, if applicable	e:	<u> </u>
(Principal office address MUST BE A STREET A	(DDRESS)	123 PH
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or regisagent and/or the new registered office address h		name of the new registo
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		_
-	, Florid	ia 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 a 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, <u>enter the title, name, and address of each person_being or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
MGR	ELTIT JADUE, JOSE A	18201 COLLINS AVE APT 2007	
		SUNNY ISLES BEACH, FL 33160	□Remove
			⊟ Change
			🗖 Add
			Remove 2020 KGChange
			□ Change
			🗀 Add
			□Remove
			Change
			□Add
	 		
			Change
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(If an eff Note:	ve date, if other than the date of filing:	(optional) ore than 90 days after filing.) Pursuant to 605.0207 g requirements, this date will not be listed as
ne recor ord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. ed.	on the earlier of: (b) The 90th day after the
Dated	November 20th . 2020.	
	Signature of a member or authorized representative	of a member
	//	

Filing Fee: \$25.00

Typed or printed name of signee