Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130 Phone : (954)345-7888 Fax Number : (786)713-1940

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Email Address:_____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PIZZOLANTE CONSTRUCTORA 2030 C.A. LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

JUN-2 ANTH: 32

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIZZOLANTE CONSTRUCTORA 2030 C.A. LLC			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		_	
	and a	assigne	j
Florida document number L20000373443			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the at	obreviation '	·L.L.C."	
Enter new principal offices address, if applicable:		_	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			
			_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		_	
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agent and/or the new registered office address here:	4H 74	MUL	
Name of New Registered Agent:	SSE.	¥-2	FIL
New Registered Office Address:		æ	0
Enter Florida street address	OR I	 ယ	_
, Florida,		~	
Capr	Zip Code	7	

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.

From: TAXLEAF.COM CONTADORMAIMI.COM

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
MGR	POCATERRA, CARLOS L	1549 123RD ST	
		NORTH MIAMI, FL 33161	FRemove
			☐ Change
			□Add
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