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Special Instructions to I	Filing Officer.	

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## **COVER LETTER**

	Registration Se Division of Cor		9°			
CHDIEC		E VISIONS LLC				
SUBJEC	, I :	Name of Lin	nited Liability Company	<del></del>		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	turn all correspo	ndence concerning this matter	to the following:			
		DANNY ANDRADE				
			Name of Person	<del></del>		
		PINEAPPLE VISIONS LI	LC			
			Firm/Company			
		10971 BONITA BEACH I	RD SE SUITE 3			
			Address	<del></del>		
		BONITA SPRINGS FL 34	1135			
		City/State and Zip Code DBROKER@LIVE.COM				
		E-mail address: (	to be used for future annual report noti	fication)		
For furthe	er information co	oncerning this matter, please co	all:			
DANNY	ANDRADE		239 333-9729			
	Name of	Person	at () Area Code Daytim	e Telephone Number		
Enclosed	is a check for th	e following amount:				
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address		Street Address:			
	Registration S Division of Co		Registration Sec Division of Cor			
	2.O. Box 632		The Centre of T			

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP - 1 Ait 10: 29

PINEAPPLE VISIONS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/03/2020 \_\_\_\_ and assigned Florida document number \_1.20000379070 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 abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DANNY ANDRADE	10971 BONITA BEACH RD SE SUITE 3	<b>\</b> Add
		BONITA SPRINGS FL 34135	□Remove
			□Change
		□ Remove	
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			□Remove
			□ Change

•	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
-	
ote: If t	date, if other than the date of filing:
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	
, 08	23 2023
ated	Firesty Dear
	Signature of a member or authorized representative of a member
	Lucas Andrade

Filing Fee: \$25.00