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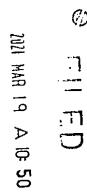
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PICK-UP	■ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Co	orporations		
PIPO STO	ORE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	of Amendment and fec(s) are sub condence concerning this matter		
	LEONARD GILBERT		
		Name of Person	
	PIPO STORE LLC		
		Firm/Company	
	20235 NW 6th Ave		
		Address	
	Miami FL 33169		
	leonard_glbrt@yahoo.com	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information	concerning this matter, please of	all:	
Leonard Gilbert		786 759-3700 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fœ	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of States & Certified Copy (additional copy is creased)
Mailing Addn Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations Sallahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIPO STORE LLC

(Name of the Limited Lia (A Flo	bility Company as it now appears on or rida Linnied Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability	y Company were filed on $\frac{02/05/202}{2}$	21	and assigned
This amendment is submitted to amend the following	 -		
A. If amending name, enter the new name of the l	imited liability company here:		
The new name must be distinguishable and contain the words "	imited Liability Company," the designat	ion "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address her Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	et address	- 1021 CS
	Cin	, Flonda	Zin Code
New Registered Agent's Signature, if changing Registe	ered Agent:		-0
hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my di l agent as provided for in Chapte ered office address, I hereby con	uties, and I am f er 605, F.S. Or,	Camiliar with and if this document is
	If Changing Registered Agent, Sign	mature of New Reg	gistered 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>	Name	Address	Type of Action
MGR	LEONARD GILBERT	20235 NW 6th Ave Miami FL 33169	
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			□Remove
			□Change

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