L21000098273

(Re	equestor's Name)
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Pho	ne #)
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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	ion Section of Corporations		
PICN	RIC 2 LOVE LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Artic	tles of Amendment and fee(s) are st	ibmitted for filing.	
Please return all co	orrespondence concerning this matte	er to the following:	
		Name of Person	
	PICNIC 2 LOVE LLC		
		Firm/Company	
	11669 SW 17TH STREE	gr -	
		Address	1
	PEMBROKE PINES, FL	. 33025	
	itsgabacerbello@gmail.co	City/State and Zip Code	
	E-mail address:	(to be used for future annual report notific	ation)
For further informa	ation concerning this matter, please	call:	
CARLOS GONZA	NLEZ	954 589-5110 at ()	
	Same of Person	Area Code Daytime T	Celephone Number
Enclosed is a cheel	k for the following amount:		
■ \$25.00 Filling 1	Fee \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Bo:	tion Section 1 of Corporations	Street Address: Registration Section Division of Corporate Centre of Tale 2415 N. Monroe Stallahassee, FL 3	orations Hahassee Street, Suite 810

DocuSign Envelope ID: 226A6647-CDF9-4D30-BD1D-ECF9C7FB506D

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PICNIC 2 LOVE LLC		
(<u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Torida document number <u>L21000088273</u>	ompany were filed on 02/22/2021	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LI C" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
		
Inter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		
		11 <u>1</u> 2
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter the	name of the new registe
		> -
Name of New Registered Agent:		= →
New Registered Office Address:		Ë
New Registered Office Address.	Enter Florida street address	•
	Florid	ដ
	City	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 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.

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 226A6647-CDF9-4D30-BD?D-ECF9C7FB506D in amenting Authorized rerson(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
AMBR	DANIELA F. CASTELLANOS	11669 SW 17TH STREET	□Add
		PEMBROKE PINES, FL 33025	Remove
			□ Change
			□Remove
			Change
			□Add
			□Remove
			☐ Change
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ective date, if other than the d	June 22, 20)21	(ontional)	<u> </u>
n effective date is listed, the date must l	be specific and cannot be prior	to date of filing or more th	an 90 days after filing.) I	ursuant to 605.020
ite: If the date inserted in this bloc cument's effective date on the Dep			uirements, this date w	ill not be listed a
·				<i>E</i>
ecord specifies a delayed effective	data hur nat an afficience t	ing at 12st) Laure on th	a continuaçõe (EX. 175.)	110Ab dan ağırıdı
is filed.	date, but not an effective t	mie, ac 12.01 a.m. on m	e earner or, (o) The	9000 day after the
ted June 22 Docusigned by:	2021			
DocuSigned by:	·	·		
•				
سو تر سور ک	ignature of a member or both			

Filing Fee: \$25.00