

W21000109580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

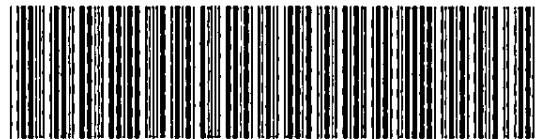
(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIAMI CURBING, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSA ALBA PEREZ

Name of Person

PICUALA AND OAK, LLC

Firm/Company

104 CRANDON BLVD. STE 426

Address

Key Biscayne, FL, 33149

City/State and Zip Code

admin1@picualand oak.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSA ALBA PEREZ

Name of Person

at ( 305 ) 423 9789

Area Code

Daytime 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MIAMI CURBING, 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 03/08/2021 and assigned Florida document number L 21000109580

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PICUALA AND OAK, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

104 CRANDON Blvd.  
STE 426  
KEY BISCAYNE, FL 33149

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

104 CRANDON Blvd.  
STE 426  
KEY BISCAYNE, FL 33149

**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:

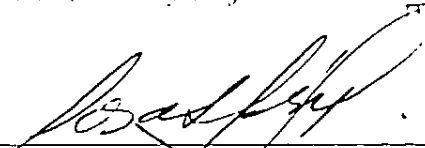
ROSA ALBA PEREZ

New Registered Office Address:

104 CRANDON Blvd. STE 426  
Enter Florida street address  
KEY BISCAYNE Florida 33149  
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

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>	<u>Address</u>	<u>Type of Action</u>
AMGR	ALEX REYES	2321 SW 58 <sup>th</sup> Ave.	<input type="checkbox"/> Add
		MIAMI, FL 33155	<input type="checkbox"/> Remove
		UNITED STATES	<input checked="" type="checkbox"/> Change
MGR	ROSA ALBA PEREZ	2321 SW 58 <sup>th</sup> Ave.	<input type="checkbox"/> Add
		MIAMI, FL 33155	<input type="checkbox"/> Remove
		UNITED STATES	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

- THE LLC is also amending  
its PURPOSE from: "Build concrete  
curbing edges and landscaping designs"  
To: Mail order houses, Collectibles and  
Antiques Mail order, Tourist camps,  
cabins, cottages and courts and house  
interior finishing, furnishing and  
remodeling. (several purposes).

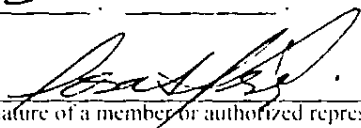
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 09/02/2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ROSA ALBA PEREZ  
\_\_\_\_\_  
Typed or printed name of signee