

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L21000754176

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000098641 3)))



H220000986413ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.
Account Number : I20120000051
Phone : (305)937-7773
Fax Number : (815)301-2897

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

JCOLON @ BRILEY WEALTH.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PULSO MIAMI LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FILED
MAR 16 2022
MAR 16 PM 3:44
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 18 2022

T. LEMIEUX

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

PULSO MIAMI 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 4/21/2021 and assigned
Florida document number L21000154176

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 "L.L.C."

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

City, Florida

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

FILED
2022 MAR 16 PM 3:44
CLERK OF STATE
TALLAHASSEE, FLORIDA

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>
AMBR	SK MIAMI INVESTMENTS INC	955 FEDERAL HWY UNIT 316	<input checked="" type="checkbox"/> Add
		FT LAUDERDALE FL 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SALOMON, KAMKHAJI	955 FEDERAL HWY UNIT 316	<input type="checkbox"/> Add
		FT LAUDERDALE FL 33316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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.

f Dated December 16, 2021

Signature of a member or authorized representative of a member

✓ Salomon Kanikhai
Typed or printed name of signee