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(Requestor's Name) (Address)	
(Address)	000385495490
(City/State/Zip/Phone #)	04/15/2201010026 **30.00
(Business Entity Name)	
(Document Number)	2022
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	Registration Secti Division of Corpo					
SUBJEC	`T·	PIAELAS BU Name of Limi	45 LLC ,	•		
JO DA LIC		Name of Limi	ted Liability Company	<del></del>		
The encle	nsed Articles of A	mendment and fec(s) are sub-	nitted for filing			
		lence concerning this matter	· ·			
		NA1/	shows I should			
		10/10	Name of Person	<u> </u>		
		Die	reces biles			
			Firm/Company			
		360 cent	LAN AVE, STE 450		2022 7 - 5	
			Address		2022 APR 15	4+-
			ST. PETERSBUKS  City/State and Zip Code		- E - 2	. 872
		John & Dino	•		PH 5: 02	دد. ادرا ادرا اوجاد
		E-mail address: (t	o be used for future annual report notification	on)	5: 02	400
or furth	er information con	cerning this matter, please ca	ılı;		,,	
	Millioner	J. Merey	at (727) S80 - S	5260		
	Name of P	erson	Area Code Dayume Tel	epnone Number		
Enclosed	is a check for the	following amount:				
25,6	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	c of Status &	
	Mailing Address: Registration Se	ction	<u>Street Address:</u> Registration Section	n		
	Division of Cor		Division of Corpora	ations		
	P.O. Box 6327		The Centre of Talla	nassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	3 BILLES			
(Name of the Limited Lia (A Flo	ibility Company as orida Limited Liabili	it now appears ity Company)	on our records.)	
The Articles of Organization for this Limited Liabilit		; filed on	4/20/21	and assigned
This amendment is submitted to amend the following	<b>;</b> :			नि ज
A. If amending name, enter the new name of the	limited liability	company her	<u>'e</u> :	
PINEL	ins lic			å 🚧
The new name must be distinguishable and contain the words "	Limited Liability Co	ompany," the des	signation "LLC" or th	e abbreviation %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 registe agent and/or the new registered office address her		ess on our rec	cords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	· · · · ·			
New Registered Office Address:	<del></del>			
		Enter Floria	la street address	
_		<i>O</i>	, Florida	Zip Code
	•	Ciţv		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>	Address	Type of Action
		<del></del>	□Remove
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fan effective d <b>Note:</b> If the	te, if other than the date of filing:
e record speci rd is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
	. 1 1 1
Dated	4/14/22
Dated	Signature of a member of authorized representative of a member