K21000207046

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COVER LETTER

	Registration Sc Division of Cor		•	
SUBJEC		PINES LLC		
audert	. 1 :	Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	<u>-</u>	
		ENRIQUE ROS		
			Name of Person	
			Firm/Company	
		Pembroke Pines, FL 33029	Address	
		enriquer0323@gmail.com	City/State and Zip Code	
			to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please c	all:	
Enrique 1	Ros		786 999-2421 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
€ \$25.0	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)
	Unilina kalalum		Strong Address:	

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

ROS MAC PINES LEC (Name of the Limit	ted Liability Compa	my as it now appears on our records Liability Company)	.)		
The Articles of Organization for this Limited L Florida document number L21000207046				and assi	gned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, <u>enter the new name o</u>	of the limited liah	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	fity Company " the designation "I.I.C"	or the abbrey	uation "I. I	.('"
Enter new principal offices address, if appli		15999 PINES BLVD #102			
Principal office address MUST BE A STREET ADDRI		PEMBROKE PINES, FL 33027	TAIL AID 38	2021 H/1Y	
				_ 	•
Inter new mailing address, if applicable:	18459 PINES BLVD #342	<u> </u>	H		
Mailing address MAY BE A POST OFFICE	PEMBROKE PINES, FL 33029	02/07			
		ا ب خز	. v		
B. If amending the registered agent and/or gent and/or the new registered office addre		 :	he name of	the new	regist
Name of New Registered Agent:					
New Registered Office Address:	18459 PINES I				
	PEMBROKE PINES, Florida				
		Cuy	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 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>	Type of Action
AMBR	ROS, ENRIQUE, JR	16454 NW 14TH STREET	
		PEMBROKE PINES, FL 33028	≘ Remove
			□Change
AMBR	ROS, ENRIQUE JUNIOR	18459 PINES BLVD #342	≣ Add
		PEMBROKE PINES, FL 33029	□Remove
			202 Change
AMBR	ROS, ENRIQUE	18459 PINES BLVD \$342	/ PAdd :
		PEMBROKE PINES, FL 33029	- Dromove
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			□Add
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Effective date, if other if an effective date is listed Note: If the date insert document's effective date.	, the date must be spe ed in this block do	ecific and cannot be ses not meet the a	prior to date of fi	ting or more than 90 ory filing requiren	(optional days after tiling tents, this date	t.) Pursu	ant to 605.020 ot be listed as
e record specifies a dela	iyed effective date,	but not an effect	ive time, at 12:6	H a.m. on the earl	ter of: (b) T	he 90th	day after the
rd is filed.							
rd is filed. Dated May 20		·/2021	·				

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Filing Fee: \$25.00