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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
cub icer	PYE LLC			
SUBJECT:		Name of Lim	ited Liability Company	_
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	i all correspo	ondence concerning this matter	to the following:	
		Dennis A. King		
			Name of Person	
		PYE LLC		
		÷	Firm/Company	
		530 Malabar Rd SW #204		
			Address	
		Palm Bay	FL. 32907	
		dennisaking4@gmail.com	City/State and Zip Code	_
For further in	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report notification) all:	
Dennis A. K	Cing		321 298-9867	- S 20
	Name o	f Person	Area Code Daytime Telephone Num	AUG LA
Enclosed is a	a check for th	he following amount:		30 I
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed.	Filing Fee. Teate of Status & ied Copy - Fond copy is enclosed.
Re	iling Addres	Section	Street Address: Registration Section	
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite Tallahassee, FL 32303	2 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PYE LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) mited Liability Company)	···
The Articles of Organization for this Limited Liability Com Florida document number $\frac{1.21000274000}{1.21000274000}$.	pany were filed on PYE LLC	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the na</u>	ime of the new reg
Name of New Registered Agent:		DZI AUG
New Registered Office Address:	Enter Florida street address	33 S
	, Florida	m Zip Cod
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regist	gent:	17

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
MGMR	Dennis A King	530 Malabar Rd SW #204, Palm Bay, FL 32907	■Add
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(If an effi Note:	re date, if other than the date of filing:	(optional) s after filing.) Pursuant to 66 is, this date will not be lis	5,0207 ited as
ne record ord is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier od.	of: (b) The 90th day aft	er the
Dated _.	August 25, 2021		
	1 June of Final		
	Signature of a member or authorized representative of a member		

Filing Fee: \$25.00