L21000344437

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
(12/21)

Office Use Only



800371932838

00/23/21--01013--007 **25.00

COVER LETTER

TO:	Registration So Division of Co						
eun u	Piece of Mind Solutions LLC						
SUBJI	r.C1:	Name of Lin	nited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		Filing Yolanda					
			Name of Person				
		ZenBusiness Inc					
Firm/Company							
5511 Parkerest Dr. Suite 207							
Address Austin, TX 78731							
		City/State and Zip Code					
		fulfillment@zenbusiness.com					
		E-mail address: (to be used for future annual report noti	fication)			
For fur	ther information c	oncerning this matter, please ca	all:				
Filing	Yolanda		844 493-6249 at ()				
	Name o	f Person		e Telephone Number			
Enclose	ed is a check for th	ne following amount:					
■ \$2:	5.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	
			Add	
		<u> </u>	□ Remove	
			□ Change	
			Add	
			□ Remove	
			Change	
			Remove	
			Change	
				
			Change	
			Add	
			Remove	
			□ Change	
			□ Remove	
			Change	

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
_	
_	
	
an effect Note: If	e date, if other than the date of filing:
e recoi The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed.
ated	08 / 17 / 2021
	Kenneth Revelia
	Signature of a member or authorized representative of a member
	Kenneth Revelia, Member

Page 3 of 3

Filing Fee: \$25.00