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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Corpo	rations		
SUBJECT: BIYTU	Name of Limit	nd (atering Scr ited Liability Company	vices LLC
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	CO Man	ie Andree Durisca	r
		Name of Person	
		Firm/Company	<del></del>
		• •	
	3725 3rd	St JW	<u> </u>
		Address	
	iehian A	(185 FL 339710	
		$\frac{(185 FL 33970)}{\text{City/State and Zip Code}}$	<u> </u>
			<del></del>
	E-mail address: (	to be used for future annual report notif	ication)
For further information con	cerning this matter, please ca	all:	
Marie Andra	a Novice	020 331.1	1451
Maile Andrei	crson	at (239) 331 · C Area Code Daytime	Telephone Number
Enclosed is a check for the			
\$25.00 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:	ation	<u>Street Address:</u> Registration Sec	rtion
Registration Se Division of Co		Division of Cor	
F.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

2114

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pinco	Design	and (a	ichna 🤅	Centes	LLC
	(Name of the Limited	d Liability Compar	y as it now appea	ers on our record	(1,)
	{4	A Florida Limited L	iability Company)		

The Articles of Organization for this Limited L				and assigned
Florida document number <u>La1005</u>	<u>53814</u> .			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of Division Do	*Slans L	-L-C		e abbreviation "L.L.C."
Enter new principal offices address, if applica		NIA	-	
(Principal office address MUST BE A STREE				<b>20</b> :
				□ <b>□</b>
Enter new mailing address, if applicable:		-ij[K]		
(Mailing address MAY BE A POST OFFICE BOX)				- Sec
				<u> </u>
B. If amending the registered agent and/or re agent and/or the new registered office address		idress on our rec	cords, <u>enter the na</u>	me of the new register
Name of New Registered Agent:	pall/			
New Registered Office Address:	NIK			
1.15 T. INSECTION CONTRACTOR ACCUSES.		Enter Florida	street address	
			, Florida	
New Registered Agent's Signature, if changing Re-	pistered Avent:	City		Zip Code
New Registered Agent's Signature, if changing Registered to be registered to be registered to be registered to the proper countries of all statutes relative to the proper countries of the obligations of my position as registed in the regions of the proper company has been notified in writing of this changed in the regions and the second in the region of the change in the region of this change in the region of th	agent and agree and complete pe red agent as pro istered office aa	erformance of my ovided for in Cha	y duties, and I am apter 605, F.S. Or	familiar with and , if this document is

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 Title Name Type of Action Address AIN □Remove Change \_ 🗆 Remove Change  $\square Add$ □ Remove Change □Add \_ □Remove \_ Change \_ 🗅 Add Remove \_ Change

i processi cress	
	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
D. If ameno	ling any other information, enter change(s)
	1011
<del>-</del>	
<del>-</del>	
Note: It is document	date, if other than the date of filing:
f the record specord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Harle-Amorie Onwer
	Signature of a member or authorized representative of a member
	E Marie - Andrée Dunsiar  Typed or printed native of signée

Filing Fee: \$25.00