## L21000414927

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## **COVER LETTER**

TO: Registration S Division of Co			
A CARLON A RESPONSE	TRONICS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	LUIS M. CORNIEL		
		Name of Person	
		Firm/Company	<del></del>
	3751 SW 160TH AVE AP	T 204	
		Address	
	MIRAMAR, FL 33027		
	lmcorniel@hotmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please co	all:	
LUIS M. CORNIEL		954 477-0841 at ( )	
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$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)
<u>Mailing Addro</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of 0	Corporations	Division of Cor	rporations
P.O. Box 63	27	The Centre of T	Fallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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PI-E	LECTRONICS LLC	STONE IN the or one
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records imited Liability Company)	HALLAHASSEE, FL
The Articles of Organization for this Limited Liability Con	npany were filed on September 20, 202	and assigned
Florida document numberL21000414927		·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	SS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	City	rida 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>	Address	Type of Action
AMBR	LUIS M CORNIEL	3751 SW 160TH AVE APT 204	□Add
		MIRAMAR, FL 33027	
			<b>■</b> Change
AMBR	MARTHA C ORTIZ OCAMPO	6315 GAGE PL APT 110	□Add
		MIAMI, FL 33014	□Remove
			<b>∃</b> Change
			□Add
			□Remove
			Change
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<u>iote:</u>	ve date, if other than the date of filing:  October 05, 2021  (optional)  cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recordi is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated.	
	Signature of a member or authorized representative of a member
	This to smil

Typed or printed name of signee