

10/20/21, 1:15 PM

Division of Corporations

L21000430313

Florida Department of State
Division of Corporations
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(((H210003911593)))



H210003911593ABC+

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

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Account Number : I20140000036
Phone : (305)733-8223
Fax Number : (866)883-7019

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DIVISION OF CORPORATIONS
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PIE SQUARED LLC

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OCT 21 2021

A. LUNT

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H21000391159 3)))

PIE SQUARED LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 09/30/2021 and assigned
Florida document number L21000430313.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 Changing Registered Agent, Signature of New Registered Agent

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~~It authorizing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:~~

(((H21000391159 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALBERTO COSIGNANI	4302 SW 186 AVE	<input type="checkbox"/> Add
		MIRAMAR, FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ACG PROPERTY HOLDING INC	4302 SW 186TH AVE	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the record is filed

Dated OCTOBER 20, 2021

- DocuSigned by:

4779862 X9507450

Signature of a member or authorized representative of a member

ROUSELYN SANTIAGO LOPEZ

Typed or printed name of signee

Filing Fee: \$25.00

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