

2/9/22, 8:42 AM

Division of Corporations

**L210004303/3**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220000525143)))



H220000525143ABCV

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BURNS LAW OFFICES, P.A.  
Account Number : I20140000036  
Phone : (305)733-8223  
Fax Number : (866)883-7019

2022 FEB -9 AM 9:02

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FILED  
FEB -9 PM 2:44

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PIE SQUARED LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help T. LEMIEUX

FEB 10 2022

DocuSign Envelope ID: E144E48F-26F7-4E2D-AEC3-05A4F5DCA121

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

(((1122000052514 3)))

PIE SQUARED LLC

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

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 "L.L.C." 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: SPICHTER, SILVIA C.

New Registered Office Address: 1920 SW 57 AVE

*Enter Florida street address*

MIAMI

*City*


Florida

33155

*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.*

DocuSigned by:  


If Changing Registered Agent, Signature of New Registered Agent

(((1122000052514 3)))

DocuSign Envelope ID: E144E48F-26F7-4E2D-AEC3-05A4F5DCA121

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

(((H22000052514 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SPICHIGER, SILVIA C.	1920 SW 57 AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SANTIAGO LOPEZ, ROUSELYI	2707 BREEZY LAKE LANE #206	<input type="checkbox"/> Add
		LAND O LAKES, FL 34638	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(((I122000052514 3)))

DocuSign Envelope ID: E144E48F-26F7-4E2D-AEC3-05A4F5DCA121

((H22000052514 3)))

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

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), 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. This date will not be listed as the effective date of the filing if the filing is not timely filed.

**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: (b) The 90th day after the record is filed.

Dated February 4, 2022

Rouselyn Santiago

Signature of a member or authorized representative of a member

ROUSELYN SANTIAGO LOPEZ

Typed or printed name of signee

((1122000052514 3)))

**Filing Fee: \$25.00**