## L21000525135

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2022 MAR 31 AH II: 46
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 1 6 2022

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations			
PETER BIO				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
29		orion transfilm.		
The choised Articles of	Amendment and ree(s) are snot	milled for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Perparim Bici			
		Name of Person		
	Peter Bici, LLC			
		Firm/Company		
	4460 N. Jefferson Ave.			
		Name of Person  Firm/Company  Address  40  City/State and Zip Code  ess: (to be used for future annual report notification)  ise call:  917 378-0100  at (		
	Miami Beach, FL 33140			
	bicinye@gmail.com	City/State and Zip Code		
	• • •	to be used for future annual report no	tification)	
For further information c	oncerning this matter, please ca	all:		
Perparim Bici				
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
<u>Mailing Addres</u> Registration			ection	
Division of C		Division of Corporations		
P.O. Box 632				
Tallahassee.	r1. 54514	2415 N. MOH	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2022 MAR 31 AH 11: 46

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appear TAI duAHABBEE, FL

(A Florida Limited Liability Company) PETER BICL LLC

The Articles of Organization for this Limited Liability Company	y were filed on 12/14/21	and assigned
Florida document number L21000525135		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del> </del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records.	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		Florida
	Cin	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
MGR	Perparim L. Bici	4460 N. Jefferson Ave., Miami Beach, FL 33140	□Add
			Remove
			Change
MGR	Perparim Bici	4460 N. Jefferson Ave., Miami Beach, FL 33140	<b>=</b> Add
		<del></del>	□Remove
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Effective date, if other than the defeated and effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	be specific and cannot be ok does not meet the t	upplicable statutory	(optio or more than 90 days after t filing requirements, this	Hing.) Pursuant to 605,0207
record specifies a delayed effective d is filed.	date, but not an effec	tive time, at 12:01 a	.m, on the carlier of; (b)	The 90th day after the
Dated March 16		·		
	1			
	ignature of a member o	r authorized represent	ative of a member	<del></del>