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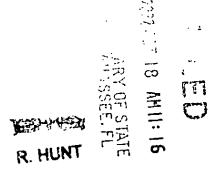
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## **COVER LETTER**

TO: Registration So Division of Cor						
Piaazo LLC SUBJECT:				•	•	
SUBJECT:		ted Liability Company				
	Amendment and fee(s) are sub-					
	Peter Idahosa	2				
	<del>,</del>	Name of Person		<del></del>		
	Piaazo LLC					
		Firm/Company		<i>(5)</i>	202 202	
	1080 Gould Place			· ; ; ; ;	(C)	
		Address			- · · · · · · · · · · · · · · · · · · ·	
	Oviedo, Florida, 32765-596	03		1885 100 100 100 100 100 100 100 100 100 10	<b>₹</b>	
	zidahosa@gmail.com	City/State and Zip Code		STAT	¥11:16	***
		to be used for future annual	report notification)	i mi	ഗ	
for further information c	oncerning this matter, please co	ıll:				
Zoe Idahosa		407 733	3-1265			
Name o	t Person	at () Area Code	Daytime Telephor	ne Number		
inclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is enc		\$60.00 Filing Fed Certificate of St Certified Copy (additional copy is c	atus &	
Mailing Addres Registration S Division of C	Section Corporations	Divisio	ation Section in of Corporation			
P.O. Box 632	. /	The Ce	ntre of Tallahas	see		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Piaazo LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our reconited Liability Company)	ord <u>s.</u> )
The Articles of Organization for this Limited Liability Com- Florida document number L22000158717	npany were filed on 04/01/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRES	5.5)	
· · · · · ·		SO P III
		ES E O
Enter new mailing address, if applicable:		FEA :
Mailing address MAY BE A POST OFFICE BOX)		m 0
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>en</u>	ter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		, 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 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>	Name	Address	Type of Action
Ms.	Zoe Idahosa	1080 Gould Place, Oviedo, FL, 32765-5903	
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fective date, if other than the date of	of filing: (optional) ceine and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in this block do	es not meet the applicable statutory filing requirements, this date will not be listed a
ocument's effective date on the Departm	ent of State's records.
, , , , , , , , ,	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record specifies a delayed effective date, is filed.	
is tiled.  September 29	2022
is filed.	
is tiled.  September 29	$\frac{2022}{}$