

6/9/22, 9:29 AM

Division of Corporations

# L22000201191633

Florida Department of State  
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To:

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Fax Number : (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP  
Account Number : I20140000065  
Phone : (305)371-5758  
Fax Number : (305)371-3178

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

Email Address: atejidor@therrelbaisden.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE PIRLIES REAL ESTATE, LLC

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE PIRLIES REAL ESTATE, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDRES E. TEJIDOR, ESQ.

\_\_\_\_\_  
Name of Person

THERREL BAISDEN, LLP

\_\_\_\_\_  
Firm/Company

1 SE 3RD AVENUE, SUITE 2950

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33131

\_\_\_\_\_  
City/State and Zip Code

ATEJIDOR@THERRELBAISDEN.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRES E. TEJIDOR, ESQ.

\_\_\_\_\_  
Name of Person

305

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

371-5758

\_\_\_\_\_  
Daytime Telephone Number

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(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE PIRLIES REAL ESTATE, 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 MAY 10, 2022 and assigned  
Florida document number L22000191633.

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	EDUARD GOMIS BGEA	391 PARK AVE	<input type="checkbox"/> Add
		RYE, NY 10580	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDRES E. TEJIDOR	1 SE 3RD AVENUE, SUITE 2950	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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

Dated JUNE 8 2022

*[Handwritten signature]*

Signature of a member or authorized representative of a member

ANDRES E. TEJIDOR, ESQ.

Typed or printed name of signee

**Filing Fee: \$25.00**