9/27/22, 11:34 AM

Division of Corporations

Florida Department of State

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.

(((H220003335873)))



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

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 : (323)962-8600 : (323)389-0502 Fax Number

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

Email	Address:	
rug T T	MODIESS.	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PINO CONTRACTING AND PROCUREMENT SOLUTIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

K. SALY NOV - 9 2J22

Page 3 of 6

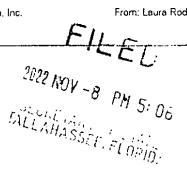
COVER LETTER

PINO CON SUBJECT:	TRACTING AND PROCURE	MENT SOLUTIONS LLC		
SUBJECT.	Name of Limi	ited Liability Company	1	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	Name of Limited Liability Company aclosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Cheyenne Moseley Name of Person Legalzeom.com, Inc. Firm/Company 101 N Brand Blvd 11th F1 Address Citendale, CA 91203 City/State and Zip Code rng@pinoprocurementsolutions.com E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call: emme Moseley 800 773-0888 Name of Person Area Code Daytime Telephone Number			
		Name of Person	*·	
	Legalzoom.com, Inc.			
Firm/Company				
	101 N Brand Blvd 11th Fl			
	Address			
	Clendale, CA 91203			
	- • •			
			ingi,	
For further information co	oncerning this matter, please ca	uu;		
Cheyenne Moseley				
Name of				
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PINO CONTRACTING AND PROCURE	MENT SOLUTIONS LLC	* (#10)
Name of the Limited Lin (A Flo	bility Company as it now appears on our records.) rida Lumited Liability Company)	
he Articles of Organization for this Limited Liability lorida document number <u>L22000336583</u>	Company were filed on 08/01/2022	and assigned
his amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
he new name must be distinguishable and contain the words "I	imited Liability Company," the designation "1.1.C" or	r the abbreviation "L.L.C"
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Inter new mailing address, if applicable: Muiling uddress MAY BE A POST OFFICE BOX)		
Stating dates WAT BE A PUST OF FICE BOX		
3. If amending the registered agent and/or re egistered agent and/or the new registered office a		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street address	
	, Flori	da
	Cin	da 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 stanues 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

The state of the s

ge compressions on rocurage

MGR = Manager

}

<u>Title</u>	Name	Address	Type of Action
MGR	Gyselle M. Pino		□ ∧dd
	Gyself St. Pho	2546 314 174 0.	O Add
		2546 SW 13th St. Miami, Florida 33145	■ Remove
			☐ Change
AMBR	Raul Pino	2546 SW 13th St. Miami, Florida 33145	≅ Add
			☐ Remove
			Change
			Add
			TALLA III SSI
			~@ Add~?. '
			10 Remove
			☐ Change
			□ Remove
			□ Change
			Add
			П Remove
			☐ Change

ate, if other than the date of filing:	(optional)	
	5.	J'C
	7.	بر
	\$5°C	J ¥
	TALL TO	

E. Effective date, if other than the date of fitting:

| off 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.

ated	100	
	and	
	Signature of a member or authorized representative of a member	
	Raul Pino	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00