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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

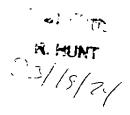




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## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	rporations				
		ES & SON			
SUBJECT:	Name of Lim	ited Liability Company		_	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ALE.	JANDRO A. PULLES			
		Name of Person			
	PUI	LES AND SON, LLC.			
		Firm/Company			
	3445	FOXCROFT RD		-	
		Address			<u>.</u>
	MIRA	MAR, FL 33025			: :)
		City/State and Zip Code			
	Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  ALEJANDRO A. PULLES  Name of Person  PULLES AND SON, LLC.  Firm/Company  3445 FOXCROFT RD  Address  MIRAMAR, FL. 33025  Citys/Sate and Zip Code  PULLESALEJANDRO@GMAIL.COM  E-mail address: (to be used for future annual report notification)  Formation concerning this matter, please call:  Area Code  Name of Person  Area Code  Daytime Telephone Number  check for the following amount:  thing Fee  \$\int \frac{305}{Area Code} \frac{807-3396}{Daytime Telephone Number}  \$\int \frac{Certificate of Status}{Certified Copy} \tag{certified Copy}{tadditional copy is enclosed}  \$\int \frac{Street Address;}{Registration Section} \tag{Certified Copy}{tadditional copy is enclosed}				
For further information o			tification)	SAF S	<b>)</b>
		at ()			
Name c	of Person	Area Code Daytii	me Telephone Nur	nber	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	•	Certified Copy	Certi Certi	ficate of Status fied Copy	
Mailing Addres			ection		
Division of C	Corporations				
P.O. Box 632				010	
rananassee,	rL 52514	2415 N. Monro	oe Street, Suit	.e 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUL	LES & SON	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on 04/11/2023	and assigned
Florida document number L23000180416	÷	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
PULLES AND SON, LLC.		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Ş
Principal office address MUST BE A STREET ADDRE	<u> </u>	نَّهُ.
		<u> </u>
Enter new mailing address, if applicable:		do a
(Mailing address MAY BE A POST OFFICE BOX)		F 03
		<del>- · · · · · · - ·</del>
B. If amending the registered agent and/or registered (	office address on our records, enter th	ne name of the new regist
agent and/or the new registered office address here:	enter address on our records, <u>enter a</u>	the name of the new region
Name of New Registered Agent:		
New Registered Office Address:		
Neginated Office Hamiston.	Enter Florida street address	
	, Flor	ida
	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>	Type of Action
P	ALEJANDRO A. PULLES	3445 FOXCROFT RD	🗆 Add
		MIRAMAR, FL 33025	Remove
AMBR	MBR ALEJANDRO A. PULLES	3445 FOXCROFT RD	
		MIRAMAR, FL 33025	□Remove
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<b>Tective date, if other than the c</b> an effective date is listed, the date must ote: If the date inserted in this blo occument's effective date on the De	date of filing:  be specific and cannot be prior to date of filing  ck does not meet the applicable statutor  partment of State's records.	<b>(optional)</b> ng or more than 90 days after filing.) Pursua ry filing requirements, this date will no	ant to 605.020 It be listed as
record specifies a delayed effective is filed.	date, but not an effective time, at 12:01	l a.m. on the earlier of: (b) The 90th	day after the
MARCH 11th	. 2024		
atea			
ated	Signature of a member or authorized represe		

Filing Fee: \$25.00