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Division of Corporations 3/13/24, 1:32 PM

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: HADAS ACCOUNTING AND TAX SERVICES

Account Number : I20170000018

Phone

: (305)222-2289

Fax Number

: (305)221-3810

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PI INVESTMENT LLC

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Tallahassee, FL 32314

COVER LETTER

TO: Registration S Division of Co		·••	
Y PLINVES	TMENT LLC	k	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
	ondence concerning this matter		
	BLANCA L LACAYO		
·	;	Name of Person	
	HADAS ACCOUNTING	& TAX SERVICES	
		Firm/Company	
	210 SW 107th Ave		
		Address	
	Miami, FI 33174		
	 · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	hadastaxeservices@gmail.c		
	E-mail address:	to be used for future annual report not	(fication)
For further information of	concerning this matter, please o	all:	
Blanca L Lacayo		305 222-2289	
Name o	C Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
₩ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (udditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration Sc	ction
Registration S Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	Tallahassee
Tallahassee, i	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PI INVESTMENT LLC		Ź
(Name of the Limited Liability Common (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were fil ed on <u>05/26/2023</u>	and assigned
Florida document number L23000259639		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility 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:	Name and Association of Control o	
(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:		24 HA2
New Registered Office Address:	Enter Florida street address	13 7
	, Florid	a Sip Code
New Registered Agent's Signature, if changing Registered Agent	•	7 53

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	CHARLES MIRANDA	2315 NW 97TH AVE, MIAMI FL 33172	∃Add
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			□Change
			□Add
			□Remove
			□Change
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ed March (77	2024					

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