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2023 OCT 17 PH 5: 22

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COVER LETTER

SUBJEC	r: <i>В_1</i>	OT INVENAME OF LI	estigations mited Liability Company	
The enclo	sed Articles of Am	endment and fee(s) are su	ubmitted for filing.	
Please ret	BJECT:			
		Re		
	Division of Corporations UBJECT: RPT Investigations Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Pene Portigo Name of Person Firm/Company 9151 SW 157 Cd Address Micani FC 33196 City/State and Zip Code E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Pene Portigo Area Code Daytime Telephone Number Inclosed is a check for the following amount: \$\include{\text{S25.00 Filing Fee}} \include{\text{Certificate of Status}} \include{\text{Certificate Copy}} \include{\text{Certificate Opy}} \include{\text{Certificate Opt}} \text{Certificat			
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		M_i		96
			City/State and Zip Code	
	_	E-mail address:	: (to be used for future annual report notifica	ation)
For furthe	r information conc	erning this matter, please	call:	
	Rene Name of Pe	Pontigo.	at (<u>305</u>) <u>903</u> Area Code Daytime T	clephone Number
Enclosed	is a check for the fo	ollowing amount:		
□ \$25.0	0 Filing Fee (Certified Copy	Certificate of Status & Certified Copy
	Mailing Address:	tion	Street Address:	on

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

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

PPT INV. (Name of the Limited Liab (A Flor	estigations illity Company as it now appears or ida Limited Liability Company)	CC 2023 OCT 17 PH 5: 22
The Articles of Organization for this Limited Liability Florida document number $\angle 230002$	Company were filed on	6.11.2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li The new name must be distinguishable and contain the words "L		
Enter new principal offices address, if applicable:	NIT	
(Principal office address MUST BE A STREET ADI	DRESS)	<u>-</u> 10-7-7-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or register agent and/or the new registered office address here		rds, enter the name of the new registered
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida	struct address
	t.nter Florida	
	City	, Florida 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>	Address	Type of Action
AMBR	Rene Pontigo	9151 SW 156 GT. Miami, Fr. 33196	(p ∕Add
	O	Miami, Fc. 33196	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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			□Remove
			□ Chapue

•	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	NA
Effective	date, if other than the date of filing: (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.0207
Note: If t	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
document	's effective date on the Department of State's records.
e record sp	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed.	
Dand	10/11/2023
Dated	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Rene Portigo. Typed or purified name of signee

Filing Fee: \$25.00