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COVER LETTER

Division of Cor	porations		
PIEL CANI	ELA MIAMI, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Paola A Cardona Perez		
		Name of Person	
	Piel Canela Miami, LLC		
	***************************************	Firm/Company	
	3320 Sw 23rd ST		
		Address	
	Miami, FL 33145		
	·····	City/State and Zip Code	
	PIELCANELAMIAMIOFIC		
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Paola A Cardona Perez		305 766-2998	
Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIEL CANELA MIAMI, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our rec ited Liability Company)	ords.)
(, , , , , , , , , , , , , , , , , , ,	
The Articles of Organization for this Limited Liability Comp	pany were filed on 07/03/2023	and assigned
Florida document number L23000317243		
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 "I.	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>(Principal office address MUST BE A STREET ADDRES.</u>	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
B. If amending the registered agent and/or registered of	lice address on our records, and	ter the name of the new registers
agent and/or the new registered office address here:	ice address on our records, <u>em</u>	ict ine name of the new registers
Name of New Registered Agent:		
Name of New Registered Agent.		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street ada	iress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
hereby accept the appointment as registered agent and	agree to act in this capacity. I	further agree to comply with th
provisions of all statutes relative to the proper and comp		•
accept the obligations of my position as registered agent		
being filed to merely reflect a change in the registered of	ffice address, I hereby confirm	that the limited liability
company has been notified in writing of this change.		F 8 T
		D
		AS. I
Īſ	Changing Registered Agent, Signatur	re 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>	Name	Address	Type of Action
MGR	Paula A Rengifo Ramirez	3320 sw 23rd st	□Add
		Miami. FL 33145	≡ Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			SEO Change Chang
			□ Change

		
		
		
	date of filing: st be specific and cannot be prior to date of filing or more than 90	(optional) Days after filing.) Pursuant to 605.0207
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