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PICK-UP WAIT MAIL	
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT:	Pichye Pental Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Jane	HE M. Bai Ca Name of Person			
		Renal and Jules LCC Firm/Company			
	345(4w 143 ph c7 Address			
	Hian	City/State and Zip Code			
		to be used for future annual report notification)			
For further information co	oncerning this matter, please co	an:			
Janette Parco	l Person	at (305) 527 - 60 75 Area Code Daytime Telephone Number			
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclosed)			
Mailing Addres Registration S		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 632 Tallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 "LLC" or the abbreviation "LLC". Conter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Conter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code	Yristiae Pental and	v as it now appears on our	r records.)
In the new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Emer Florida street address Linited Liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or th	(A Florida Limited Lia	ability Company)	<u></u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Enter Florida - Zip Code		vere filed on 11 13	2023 and assigned
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8. If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	g uddress mar be a rost office boar		
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New Registered Office Address: Enter Florida street address Florida City Zip Code		idress on our records,	, enter the name of the new regist
Enter Florida street address , Florida City Zip Code	Name of New Registered Agent:		
Enter Florida street address , Florida City Zip Code	N 0 1 100 100 111		
/ City Zip Code	New Registered Office Address:	Enter Florida stree	a address
/ City Zip Code			Florida
Low Designation of A Ale Clarestone of the action Designation of America	/	City	Zip Code
icw Registered Agent's Signature, if changing Registered Agent:	gistered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply		e to act in this capacit	tv. I further garee to comply with

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
AP	Janette Barca	3451 SW 14320 LOYET	
		Miami, FL 33175	Remove
			Change
			□Add
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			□Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If 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. Dated ___ Signature of a member or authorized representative of a member

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