L23000529090

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COVER LETTER

TO: Registration Se Division of Cor			·
	ECUTIVE MANAGEMENT I	LLC	
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:	
	GIANFRANCO SAVINI		
		Name of Person	
	PINES EXECUTIVE MA	NAGEMENT LLC	
	<u> </u>	Firm/Company	
	161 Crandon Blvd Ste 21	2	
		Address	
	Key Biscayne FL 33149	9	00 PER 1
		City/State and Zip Code	
	alacpa@ymail.con	to be used for future annual report notif	leation) L
For further information c	oncerning this matter, please c	·	Jan -3 PH 4: 39
GIANFRANCO SAVIN	1	786 325-1875	STATE
Name o	f Person		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 & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number 1. 23000529090	npany were filed on November 29, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	I liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		2024 JAN - 3 PH 4: 3
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	ffice address on our records, <u>enter the n</u>	ame of the www.registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	DI 11	
	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

DINES EXECUTIVE MANAGEMENT LLC

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>	Name	Address	Type of Action
AMBR	GIANBRANCO SAVINI	161 Crandon Blvd Ste 212, Key Biscayne FL 3.	3149 ≘ Add
			□Remove
			Change
			🗆 Add
			Remove
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			Behange.
			□Remove
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Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the De	be specific and cannot be pri ck does not meet the appl	or to date of filing or m licable statutory filin	ore than 90 days after f	nal)	605.020
document's effective date on the Dej	parament of State's record	JS.			
ne record specifies a delayed effective ord is filed.	date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day	after the
Dated Dec 26	2023	7 ,			
	//				
	Janes .	Som	~`		