L24000282262

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COVER LETTER

	gistration Sec dision of Corp			
CHIN HOSTIN.	MR PIKLIZ	Z, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Anticles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
		CASTRA PIERRE-LOUIS	S	
			Name of Person	
		MR PIKLIZ, LLC		
			Firm/Company	
		13820 W DIXIE HWY		
			Address	
		NORTH MIAMI, FL 3316	I.	
			City/State and Zip Code	
		GOTTCASH@GMAIL.CC	OM to be used for future annual report notificat	ion
For further i	uformation c	oncerning this matter, please ca	-	
	IERRE-LOU	•	305 9650203	
CASTRAT		(Person	at t	lephone Number
	ranc o	TERM	Mea Code Dayume Te	reprode Numer
Enclosed is	n check for th	ne following amount:		
3 \$25,00 (Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.0	uiling Addres gistration S vision of C O. Box 632 Ilahassee, I	Section orporations 7	Street Address: Registration Section Division of Corpore The Centre of Talls 2415 N. Monroe Strallahassee, FL 32	rations ahassee treet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MR PIKLIZ, LLC

2024 33 26 73 7:15

(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number L24000282262	Company were filed on 06/21/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	tited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	13820 W DIXIE HWY
Principal office address MUST BE A STREET ADDI	RESS) NORTH MIAMI, FL 33161
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent: CAS	TRA PIERRE LOUIS
New Registered Office Address: 13820	0 W DIXIE HWY
NOD	Enter Florida street address TH MIAMI

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.

Cin

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
MGR	CASTRA PIERRE-LOUIS	13820 W DIXIE HWY	. ■Add
		NORTH MIAMI, FL 33161	□n
			□Change
MGR JONES PIERRE	609 S RAINBOW DR	□Add	
		HOLLYWOOD, FL 33021	■Remove
			□Change
			□ Add
			□Remove
			□Change
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ffective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo locument's effective date on the De	be specific and cannot be prior to date ock does not meet the applicable st	(optional) of filing or more than 90 days after filing attutory filing requirements, this date	g.) Pursuant to 605.0207 (
	date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The	he 90th day after the
d is filed.			
d is filed.	2024		
d is filed. Dated	2024		
Oated JULY 22	2024 Signature of a member or authorized r		