

L20000313114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

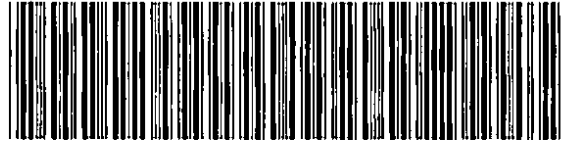
(Business Entity Name)

(Document Number)

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2022 JUN -7 AM 10:50
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TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

ef 6/8/2022

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PAMPOU LLC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: SETH

06/07

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 JUN -7 AM 10: 50

PAMPOU LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Sec. STATE
TALL. STATE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/13/2020 and assigned Florida document number L20000313114.

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 "L.L.C."

Enter new principal offices address, if applicable:

255 ARAGON AVENUE, 2ND FLOOR

(Principal office address MUST BE A STREET ADDRESS)

CORAL GABLES FL, 33134

Enter new mailing address, if applicable:

255 ARAGON AVENUE, 2ND FLOOR

(Mailing address MAY BE A POST OFFICE BOX)

CORAL GABLES FL, 33134

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ABITOS PLLC

New Registered Office Address:

255 ARAGON AVENUE, 2ND FLOOR

Enter Florida street address

CORAL GABLES

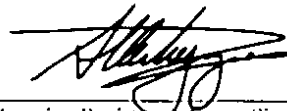
City

Florida 33134

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

