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# **COVER LETTER**

· TO:

	Registration Se Division of Cor					
CUDIEC		'S GROUP LLC				
SUBJEC	1:	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		HUMBERTO J. PACHEC	0			
			Name of Person			
		PACHECO'S GROUP LL	С	<u>(0</u>	20	
			Firm/Company	ACR	2021 S	بيسويت
		10913 NW 67 STREET			SEP -9	
			Address	SS.		1 1
		DORAL, FL 33178		ET S	PM 3: 02	Ö
		hjpacheco1@gmail.com	City/State and Zip Code	ATE.	02	
		E-mail address: (	to be used for future annual report notifi	ication)		
For furthe	er information c	oncerning this matter, please c	all:			
HUMBEI	RTO J. PACHE	cco	786 232-7778			
	Name o	f Person		Telephone Number	_	
Enclosed	is a check for th	ne following amount:				
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	d Statu py	
I I	Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	oorations		
	Tallahassee, I			Street, Suite 810		

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liz (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L06000022231	ty Company were filed on 03/01/2006 and assi	igned
This amendment is submitted to amend the following	j:	
A. If amending name, enter the new name of the	limited liability company here:	
PACHECO'S GROUP SERVICES LLC	<b>20</b>	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.I	L.C."
Enter new principal offices address, if applicable:	• 1 <u></u>	4
(Principal office address MUST BE A STREET AL		<b>-</b> п
	OF ST. F	<del>}</del>
Enter new mailing address, if applicable:	7.02 FL	
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new</u> re:	<u>v regis</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	

#### 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

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
		<u> </u>	
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing e: If the date inserted in this block does not meet the applicable statutory ament's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.02
record specifies a delayed effective date, but not an effective 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier
ed	
Signature of a member of authorized represent	1