107000077612

(Requestor's Name)
(Address)
•
(Address)
(City/State/Zip/Phone #)
· ·
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER ...

	istration Sect sion of Corpo				
SUBJECT:	PARKWEST	INTERNATIONAL, LLC			
SOBSECT:		Name of Limi	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspond	dence concerning this matter	to the following:		
		PEDRO P SAEZ			
			Name of Person		_
		SAEZ & ASSOCIATES			
		1,1,1	Firm/Company		-
		777 BRICKELL AVENUE	E. SUITE 1110		
			Address		-
		MIAMI, FL 33131			
			City/State and Zip Code		-
		PSAEZ@SAEZLAW.COM			
		· ·	to be used for future annual repo	rt notification)	
For further in	formation con	ncerning this matter, please ca	all:	,	
JORGE DIA	Z-GUMA		305 358-00		
	Name of F	Person	Area Code D	aytime Telephone Numbe	r
Enclosed is a	check for the	following amount:			
\$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	ate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARKWEST INTERNATIONAL	•			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on or Liability Company)	ır record <u>s.</u>)	
The Articles of Organization for this Limited I	Liability Company	were filed on 07/27/20	07 and assigne	đ
Florida document number L07000077612				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liab	oility company here:	·	
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designat	ion "LLC" or the abbreviation "LLC.")
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREET ADDRESS)			- C	
		<u> </u>		
Enter new mailing address, if applicable:		N/A	F. G. A.	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of t	<u>he ne</u>
Name of New Registered Agent:	PEDRO P. SA	EZ		
New Registered Office Address:	777 BRICKEI	L AVENUE, SUITE 111	0	
		Enter Florida str	eet address	
	MIAMI		, Florida ³³¹³¹	
		City	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

Page 1 of 3

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	SARA B SARABIA PADILLA	9910 NW 21 Street	■ Add
		Miami, FL 33172	Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			Repove
			######################################
			☐ Remove
			DAdd
			Remove
			Change
			□ Remove
			☐ Change

amending any other information, enter change(s N/A	i) nere: (Attach	i additional she	eets, if necessar	y.)	
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be to: If the date inserted in this block does not meet the becament's effective date on the Department of State's respective.	applicable statut	ling or more than ory filing requir	(optional) 90 days after filing ements, this date	,) Pursuant to 605.	.0207 (3) ed as the
record specifies a delayed effective date, b The 90th day after the record is filed.	ut not an effe	ective time, a	it 12:01 a.m.	on the earlie	er of:
ted December 2 , 2016	Ja W				
Signature of a member		Santativa of a maj	mhar		
Signature of a member 1	or aumorized repre			67. Pt	. حر س
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Filing Fee: \$25.00