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COVER LETTER

	egistration Sec ivision of Corp				
oun Heem	CARE ACC	ESS PSN LLC			
SUBJECT	:	Name of Limi	ited Liability Company		
The enclos	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please retu	rn all correspon	dence concerning this matter	to the following:		
		ANTHONY PALACIO			
		***	Name of Person		
		PALACIO PALACIO ZIM	MERMAN		
			Firm/Company		
12002 SW 128 CT STE 106					
Address					
		MIAMI, FL 33186			
			City/State and Zip Code	<u> </u>	
		ANTHONY@PPZLLC.CO	M o be used for future annual report notification)		
For further	information co	ncerning this matter, please or	-		\$50R V:5100 20 F
ANTHON	Y PALACIO		305 595-0303 at ()		CB 18
	Name of	Person	Area Code Daytime Teleph	one Number	ED STA
Enclosed is	a check for the	following amount:			
\$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 Stat Certified Copy (additional copy is en	tus &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARE ACCESS PSN, LLC			
(<u>Name of the Limited Liability Comp</u> ; (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L11000045464}{L11000045464}$.	were filed on APRIL 18, 2011	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Pau Wau, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	8505 SW 53rd Avenue		
(Principal office address MUST BE A STREET ADDRESS)	Miami. Fl 33143		
		.2	
Enter new mailing address, if applicable:	8505 SW 53rd Avenue	20 112	
Mailing address MAY BE A POST OFFICE BOX)	Miami, Fl 33143		
		7 3 2	
B. If amending the registered agent and/or registered office	address on our records, <u>enter the</u>		
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florido street address		

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 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	Luis G. Mosquera	8505 SW 53rd Avenue	= Add
		Miami, FL 33143	
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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fective date, if other than the d in effective date is listed, the date must b ote: If the date inserted in this bloc cument's effective date on the Dep	be specific and cannot be prior to date of filing or ick does not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 605.0207 (3 ng requirements, this date will not be listed as the
ecord specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a.m	on the earlier of: (b) The 90th day after the
Colomora 12	2020	
ited February 13	 '	
nted February 13	2020 Ceca C ignature of a member or authorized representative	SIGNI