

L12000146089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

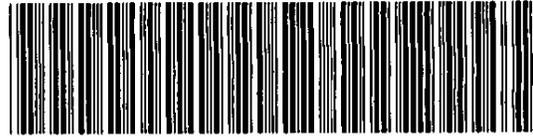
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APR 30 2013  
J. BRYAN

NO \$

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PARDI ENTERPRISES LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**CYNTHIA VELASQUEZ**

Name of Person

**PARDI ENTERPRISES LLC**

Firm/Company

**9461 EVERGREEN PLACE 306**

Address

**DAVIE, FL 33324**

City/State and Zip Code

**CYNTHIAV@PSNICORP.COM**

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

**CYNTHIA VELASQUEZ**

Name of Person

at **(305) 889-2880**

Area Code & Daytime Telephone Number

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)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 12, 2013

CYNTHIA VELASQUEZ  
PARDI ENTERPRISES LLC  
9461 EVERGREEN PLACE 306  
DAVIE, FL 33324

SUBJECT: PARDI ENTERPRISES, LLC  
Ref. Number: L12000146089

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TALLAHASSEE, FLORIDA

We have received your document for PARDI ENTERPRISES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 613A00008731

PLEASE ATTACHED DE CHECK. WE REALLY APPRECIATE PLEASE  
PROCESS THIS AMENDMENT ASAP.  
REGS,

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

PARDI ENTERPRISES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/03/13 and assigned  
Florida document number L12000146089.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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:**

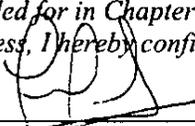
Name of New Registered Agent: YORAIMA CALDERA

New Registered Office Address: 9461 EVERGREEN PLACE #306  
Enter Florida street address

DAVIE, Florida 33324  
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PEDRO M CABRERA	9461 EVERGREEN PLACE #306	<input type="checkbox"/> Add
		DAVIE, FL 33324	<input checked="" type="checkbox"/> Remove
MGR	MANUEL PARDI	9461 EVERGREEN PLACE #306	<input type="checkbox"/> Add
		DAVIE, FL 33324	<input checked="" type="checkbox"/> Remove
MGR	YORAIMA CALDERA	9461 EVERGREEN PLACE #306	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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 Add  
 Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated \_\_\_\_\_

*Y* 

Signature of a member or authorized representative of a member

**YORAIMA CALDERA**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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