L15000092841

(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone #	()
PICK-UP	MAIT	MAIL
(Bu:	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to I	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations					
Pita N Bov	vl LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
	ondence concerning this matter					
riease return ait corresp	ondence concerning this matter	to the following.				
	Michael Merino					
		Name of Person	<u> </u>	-		
	Law Offices Michael Meri	no PA				
		Firm/Company		_		
	6741 Orange Dr					
		Address		_		
	Davie, FL 33314			SEI	2023	
		City/State and Zip Code	,	4' #.	•	
	mmerino@merinolegal.con			ι. (.)		ŧ
		to be used for future annual report notif	ication)	(°,	-	
For further information	concerning this matter, please c	all:		Ξ''	-	C
Michael Merino		954 321-7701 at ()		<u> Ş</u> ;;	ر _آ ت (۲:	
Name	of Person	Area Code Daytime	Telephone Numbe	er		
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)	Certifie	ate of Sta	tus &	
Mailing Addre Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Compa	inv as it now appears or	n our records.)	-
\ <u></u>	(A Florida Limited)	iny as it now appears of Liability Company)		
The Articles of Organization for this Limited L. Florida document number $\frac{1.15000092841}{1.000092841}$	iability Company	were filed on $\frac{05/27}{}$	2015	_ and assigned
his amendment is submitted to amend the foll	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liab	oility company here:	:	
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the desig	mation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applic	cable:	601 N Congress Av	e Ste 410 Delray Beach	ı, FL 33445
Principal office address MUST BE A STREI	<u>ET ADDRESS)</u>			·
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	(<u>BON)</u>		SE::	7023
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our reco	ords, enter the name	of the new regis
Name of New Registered Agent:	Adler & Wellii	koff, PLLC		
New Registered Office Address:	1900 Glades R			
		Enter Florida	street address	
	Boca Raton		Florida ³³⁴³	
		Civ		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Block N. D. and L. L. C.

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
AMBR	Moeen H Khalil		Cladd
		10916 El Caballo CT DELRAY BEACH, FL 33446	∰Remove
			{]]Change
MGR	Paleco Operations LLC	601 N Congress Ave Ste 410	= Add
		Delray Beach, FL 33445	□Remove
			Change
			[DAdd
		TALL SE	Remove
		TE BA	□Chánge
		D _P	
			— EJAdel — Eise
			Change
			□Add
			□ Remove
			{ Change
	<u> </u>		[]Add
			□Remove
			Change

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ve date, if other than the date of filing:	e. if other than the date of filing: (toptional) (to is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu ate inserted in this block does not meet the applicable statutory filing requirements, this date will negative date on the Department of State's records. The sa delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th The 90th Signature of a member or authorized representative of a member	
ve date, if other than the date of filing:	e, if other than the date of filing: (optional) It is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuate inserted in this block does not meet the applicable statutory filing requirements, this date will neffective date on the Department of State's records. The sa delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th Signature of a member or authorized representative of a member	
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Filing Fee: \$25.00