

7/7/2021

**L15000184501**

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

(H21000261863 3)

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000261863 3)))



H210002618633ABC\$

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : F&L ACCOUNTING SERVICES LLC  
Account Number : I20170000063  
Phone : (786)343-9023  
Fax Number : (305)384-4684

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: monicalopez@flaccountingllc.comFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

21 JUL -7 AM 11:27

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2021 JUL -7 AM 11:52

CLERK OF COURT  
TALLAHASSEE, FLORIDALLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PUVA LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

JUL 08 2021

A. LUNT

(H21000261863 3)

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Corporate Filing Menu

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

(H21000261863 3)

SUBJECT: PUVA 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:

MONICA LOPEZ

\_\_\_\_\_  
Name of Person

F&L ACCOUNTING SERVICES

\_\_\_\_\_  
Firm/Company

13552 SW 64TH LN

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

MIAMI, FL 33183

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

For further information concerning this matter, please call:

MONICA LOPEZ

786

267-4792

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 Address:**

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
21 JUL -7 AM 11:27

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(H21000261863 3)

PUVA, 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 10/30/2015 and assigned  
Florida document number 1.15000184501.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

C/O FL 2414 NW 87TH PLACE STE 2414

DORAL FL 33172

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

C/O FL 2414 NW 87TH PLACE STE 2414

DORAL FL 33172

**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:**

F&amp;L ACCOUNTING SERVICES LLC

**New Registered Office Address:**

2414 NW 87TH PLACE STE 2414

*Enter Florida street address*

DORAL

*City*

Florida 33172

*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

(H21000261863 3)



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

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F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY 1ST 2021

Signature of a member or authorized representative of a member

JOSE MAURICIO HEIDT

Typed or printed name of signer: \_\_\_\_\_

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**Filing Fee \$ 25.00**