

L15000200462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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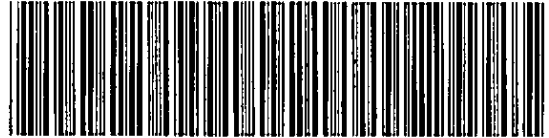
(Business Entity Name)

(Document Number)

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2022 DEC 12 PM 1:46
OFFICE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PACA Holdings 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:

Carl D Maas

Name of Person

PACA Holdings LLC

Firm/Company

418 Spring Lake Rd

Address

Columbia SC 29206

City/State and Zip Code

cdmaas@hotmail.com

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

For further information concerning this matter, please call:

Carl D Maas

Name of Person

at (803) 873-7908

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

SECRET
2022 DEC 12 PM 1:46

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

PACA Holdings 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 December 1, 2015 and assigned Florida document number L15000200462.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain 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)

601 NE 36 St

Apt 2206

Miami FL 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

601 NE 36 St

Apt 2206

Miami FL 33137

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	G7G Expansion Group	601 NE 36th St	<input checked="" type="checkbox"/> Add
		Apt 2206	<input type="checkbox"/> Remove
		Miami FL 33137	<input type="checkbox"/> Change
AMBR	Carl D Maas	418 Spring Lake Rd	<input checked="" type="checkbox"/> Add
		Columbia SC 29206	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Adriana Chacon	418 Spring Lake Rd	<input checked="" type="checkbox"/> Add
		Columbia SC 29206	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	G&G Expansion Group LLC	2620 N Sabine Rd	<input type="checkbox"/> Add
		Houston TX 77009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carl D Maas	2517 Heyward St	<input type="checkbox"/> Add
		Columbia SC 29205	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Adriana Chacon	4215 SW 75 AVE	<input type="checkbox"/> Add
		Miami FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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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.

Dated December 5, 2022

Digitally signed by Carl D. Maas
Date: 2022.12.05 20:44:39 -05'00'

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00