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COVER LETTER

Division of Corpo				
SUBJECT: Pavili	5 Transpol Name of Limi	rtation L.L.C	······································	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Edena Pavilis Ce	Raymond Name of Person Perter for Ha Firm/Company	r Pe	
98:	12 Bruokfiel	d farm ct Apt	203	
	Riverview, 1	Address		
For further information con	cerning this matter, please ca	itl:		
Edena Ro Name of P	aymond	at (<u>813</u>) <u>458-</u> Area Code Daytin	2859 e 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 Stat Certified Copy (additional copy is en	tus &
Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pavilis Transportatio (Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{aligned} \(\begin{aligned} \lambda \) \(\begin{aligned} \lambda \) \(\begin{aligned} align	were filed on March, 11, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Pavilis enter For H The new name must be distinguishable and contain the words "Limited Liabileters".	ope L.L.C
Enter new principal offices address, if applicable:	3018 N. US HWY 301
(Principal office address MUST BE A STREET ADDRESS)	Suite # 200 = Tampa, FL 33619:
Enter new mailing address, if applicable:	9822 Brookfield Farm Ct apt 203
(Mailing address MAY BE A POST OFFICE BOX)	Riverview, FL 33578
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Eder	na Raymond US Hwy 301 SUITE # 200 Fotor Florida street address
New Registered Office Address: 30/8 N.	US HWY 301 SUITE #200 Enter Florida 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.

Tampa ... Florida 33619

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
			□Remove
			□Change
			□∧dd
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable state.	
ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 1	2011 a m. on the angling of the The Oute the sites the
a filed.	2.57 a.m. on the earner of Ab The 57th day after th
* A a	
ed May, 12 2021	
y lanna	
Signature of a member or authorized rep	presentative of a member