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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: RAM	ONA BLVD Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	FAYE t.	Name of Person	
	PAMONA	SLVD 1 C Firm/Company	
	23 JACKSON	Address	
	JACKSONUL	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	<b></b>
	FAYET WA	to be used for future annual report noti	tication)
For further information c	oncerning this matter, please ca		
FAYE T. Name o	FUANS Person	at ( <u>QOY</u> ) <u>2197</u> — Area Code Daytim	- 7939 e Telephone Number
Enclosed is a check for th	ne 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAMOUA BI	Liability Company as it now appears on our records.)  Florida Limited Liability Company)
( <u>Name of the Limited</u> (A	A Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	bility Company were filed on 5/24/2019 and assigned
Florida document number <u>L1 6000 101 (</u>	
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:
(Principal office address MUST BE A STREET	ADDRESS)
registered agent and/or the new registered offic	r registered office address on our records, enter-the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

### 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>	Address	Type of Action
P	RODNEY D. EVANS	23 JACKSON AVEN	
		JACKSONY WE EL 32220	Remove
			Change
			Add
			Remove
		<del></del>	Change
			Remove
			Change
			□ Add
			_□ Remove
		·	□ Change
		<u> </u>	□ Add
			□ Remove
			Change
			□ Add
			_D Remove
			Change

).' If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
•	
•	
(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	<u> </u>
	Signature of a member or authorized representative of a member
	Faye T. Evans  Typed or printed name of signee

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Filing Fee: \$25.00