## L16000147585

(Requestor's Name)	<u> </u>
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Amendicos	

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SECRETARY OF STATE
OF CORPORATION

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## COVER LETTER

TO:

Registration Section Division of Corporations

KLLC	, ,	
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ondence concerning this matter	to the following:	
DIANA C. CAMACHO		
	Name of Person	
CITYPACK LLC		
	Firm/Company	
14525 SW 88 ST J109		
	Address	
MIAMI FL. 33186		
···	City/State and Zip Code	
E-mail address: (	to be used for future annual report notification)	
oncerning this matter, please c	all:	
ı	305 680-7324	
f Person	Area Code Daytime Telephone	Number
ne following amount:		
■ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed
	Street Address: Registration Section	
Corporations	Division of Corporations	
	Amendment and fee(s) are substituted and fee(s)	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  DIANA C. CAMACHO    Name of Person

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CITYPACK LLC			
(Name of the Lim	ited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited I Florida document number L16000147585	Liability Compa	ny were filed on <u>08/08/2016</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited li	ability company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "LLC" or	the abbreviation "L.L.C"
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)	<del></del>	
		·	
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	EBOX)		
3. If amending the registered agent and/or gent and/or the new registered office address.		ce address on our records, <u>enter the</u>	name of the new registo
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street address	
		, Florid	Zin 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 a will 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 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>	Type of Action
MANAG	ANA SOFIA CHAMORRO	14525 SW 88 ST J-109 MIAMI, FL. 33186	□Add
		■Remo ··	
			🗆 Add
		□Remove	
		□Change	
	<del></del>		🗀 Add
	·	□Remov :	
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			□Change

	N/A
	<del></del>
Effec	tive date, if other than the date of filing:
(If an e Note:	Tective 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 605.02.17. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
f the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to. iled.
Dated	AUGUST I 2022
Datet	Real to
	Signature of a piember of authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee