(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Section Division of Corpor						
SUBJEC	or:F	PAYD_	NAME of Limited	MONT	S U	.C	
The encl	losed Articles of Am	endment and I	fee(s) are submit	ted for filing.			
Please re	cturn all corresponde	nce concernin	g this matter to	the following:			
			PABLO	FERNA Name of Per	NDEZ	RoDA	<u>21602</u> 2
			PAYD	INVEST Firm/Compa	MENT any	s U	<u>. C</u>
			2219	NE Address	23 ST	-	
			1	RTH M			
	-	E-	hg f 1427 mail address: (to t	<u>I C YAY</u> se used fyr future	200 - C	notification)	
For furtl	her information conc	erning this ma	itter, please call:	,			
	PABLO FE Name of Pe	<u>ENAND</u>	OCZ ROD	at (<u>30)</u> Area Co	$\frac{5}{\text{ode}}$ Day	0 - 2 Y rtime Telepho	32_ ne Number
Enclose	d is a check for the f	ollowing amou	int:				
\$25.	.00 Filing Fee		ng Fee & e of Status	S55,00 Filin Certified C	-		\$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

PAYD INV	ESTMENTS LL illity Company as it now appears on a	C . our records.)	
The Articles of Organization for this Limited Liability Florida document numberL170000185	Company were filed on0	1 24 29 7 and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lig	mited liability company here:		
The new name must be distinguishable and contain the words "L. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI		ation "LLC" or the abbreviation "L	Olylsing of the Control of the Contr
Enter new mailing address, if applicable:			100 100 100 100 100 100 100 100 100 100
(Mailing address MAY BE A POST OFFICE BOX)			<u>၁ <u>အ</u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office ac		r records, <u>enter the name</u>	of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florala s	treet address	
	City	Florida Zir Code	<u></u>
	(n)	7.4 CHA	

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>		Type of Action
<u>M.GR</u>	PABLO FERNAND	ez RORILUEZ	2219 NE 123 ST	□ Add
		NORTH-	1 MIAMI, FZ 3318	Remove
				Change
MOR	YULIEN ALPI	ZAR OLIVARES	- 2219 NE 123 ST MIANI, FL 3318	- □ Add
	I	NORTH	MIANI, FZ 3318	<u>J</u> □ Remove
				Change
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n effective <u>ste:</u> If the	date is listed date inser	i, the date mu ted in this b	e date of fili si be specific a lock does not department of	nd cannot be meet the ap	prior to date o plicable stat	filing or more utory filing re	than 90 days	optional) safter filing.) s, this date v	Pursuant to (will not be l	 505.02 isted
			d effective ord is filed		not an ef	fective tim	e, at 12:	01 a.m. (on the ear	rlier
ted	9	6		20	<u> </u>					
				Kak	2		a member			

Page 3 of 3

Filing Fee: \$25.00