

L17 000133695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

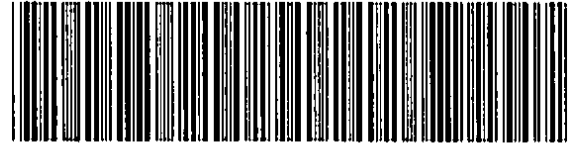
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2021 NOV 18 PM 4:49
SECRETARY OF STATE
MILWAUKEE, WI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAVILION U.S.A 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:

STACEY CARBI

Name of Person

TUUCI, LLC

Firm/Company

1000 SE 8TH STREET

Address

HIALEAH, FL 33010

City/State and Zip Code

SJAMESON@TUUCI.COM

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

For further information concerning this matter, please call:

STACEY CARBI

305

636-7892

at (_____) _____

Name of Person

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

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

FILED

2021 NOV 18 PM 4:49

PAVILION U.S.A. 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 06/19/2017 and assigned
Florida document number L17000133695.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

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:

DOUGAN CLARKE

New Registered Office Address:

1000 SE 8TH STREET

Enter Florida street address

HIALEAH


City

Florida 33010

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>
CEO	PARKER, THOMAS	1000 SE 8TH STREET	<input type="checkbox"/> Add
		HIALEAH, FL 33010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	MUNROE, CHARLES	1000 SE 8TH STREET	<input type="checkbox"/> Add
		HIALEAH, FL 33010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
OFFICER	FRANK TAFF	1000 SE 8TH STREET	<input type="checkbox"/> Add
		HIALEAH, FL 33010	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
OFFICER	JOHN FREE	1000 SE 8TH STREET	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 330100	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
OFFICER	DAVID SCHUTTE	1000 SE 8T	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRE	USMAR, EDWARD	16200 NW 49TH AVE	<input type="checkbox"/> Add
		MIAMI GARDENS 33014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated ~~2021~~ OCT. 16, 2021

Signature of a member or authorized representative of a member

DOUGAN CLARKE

Typed or printed name of signee