## L17000133695

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## **COVER LETTER**

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SUBJEC		U.S.A., LI.C		
SUBJEC	ı:	Name of Lim	nited Liability Company	_
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		STACEY CARBI		
			Name of Person	<del></del>
		TUUCI, LLC		
			Firm/Company	
		1000 SE 8TH STREET		
	Address			
		HIALEAH, FL 33010		727
			City/State and Zip Code	<u> </u>
		SJAMESON@TUUCLCON		
For furthe	er information c	E-mail address: ( oncerning this matter, please c	(to be used for future annual report notification)	
		oncerning this matter, piease e		
STACEY	CARBI		305 636-7892 at ()_	
	Name o	f Person	Area Code Daytime Telephone Num	iber
Enclosed	is a check for th	e following amount:		
√ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, icate of Status & ied Copy anal copy is enclosed)
ŀ	Mailing Addres Registration S	Section	Street Address: Registration Section	
	Division of C		Division of Corporations	
	<sup>2</sup> .O. Box 632 Fallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite	2 <b>8</b> 10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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  $\frac{06/19/2017}{1}$ and assigned Florida document number \_\_\_\_\_17000133695 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 "LLC." 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: New Registered Office Address: 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.

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
OFFICER	FRANK TAFF	1000 SE 8TH STREET	□Add
		HIALEAH, FL 33010	■Remove
			Change
	<del>-</del>	<del></del>	□ Change
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ective date, if other than the date of filing: 6/20/2023	(optional)
effective date is listed, the date must be specific and cannot be prior	r to date of filing or more than 90 days after filing.) Pursuant to 605.020 cable statutory filing requirements, this date will not be listed a
ument's effective date on the Department of State's records	
cord specifies a delayed effective date, but not an effective t s filed.	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ed June 20 2023	.0. 0
ed my~	Clarke
	•
Signature of a member or auth	correct representative at a page bar

Filing Fee: \$25.00