## L17000137161

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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: PA	& EC	ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	Erisbel	Cabrera	
	PA &	EC LLC	
	20134	Firm/Company NW 127	st
	Hialeah	Gordens	FL, 33016
-	Eric-Cab	City/State and Zip Code  OVEY QO Life  Die used for future annual report notif	FL 330/6
For further information conc			
1	Cabrera	at ( <u>7</u> 86) 79	7-96-43
Name of Pe	rson	Area Code Daytime	: Telephone Number
Enclosed is a check for the f	ollowing 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

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 06/12/2017 and assigned Florida document number <u>L17000137161</u> 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: New Registered Office Address: Enter Florida street address City

## 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
AMBR	ERISBEL CABRERA	10134 NW 1275+	∐ Add
		10134 NW 1275t Hialeah, gardens FL	☐ Remove
		33018	Change
			Remove
			Change
			🗖 Add
		Ren	Remove
			☐ Change
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			Change

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Filing Fee: \$25.00