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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: P4 s5 LLC  Name of Limited Liability Company	2022 SEP SECRETA TALLA
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	MM 9: 31
Hermine Dominick Name of Person	ATE 31
PASS LLC	
6901 Okechobee Blvd., DE	5-307
West Palm Beach, FL 33	411
E-mail address: (to be used for future annual report notification)	η
For further information concerning this matter, please call:	
HERMINE DOMINICK at (561) 346-1584  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &
Mailing Address:  Registration Section  Street Address:  Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

9

SECRETARY O	2022 SEP 14	77
SSEE, FL	NH 9: 3	O

(Name of the Limited Liability Compan (A Florida Limited Li	was it now appears on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number $\frac{L1700016416}{2}$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	16901 Okeechobee Blub #D5-307 West Palm Beach, FL 3341
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office 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.

City

Enter Florida street address

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
			□Remove
			Change
			□Add
			SEC Remove
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			□Remove
			□Change

Description of Pass LLC business 15 "Light delivery Service: as wr	-(†	en	presei
We would like that description changed to "Research!"			
Thank yon-			
	SECRETARY OF S	2022 SEP 14 AM 9:	
	7 <u>7</u> 7	- <del>3</del> -	
Effective date, if other than the date of filing:			
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The cord is filed.  Dated	90th da	ay after	the
Signature of a member or authorized representative of a member  HERMINE DOMINICK  Typed or printed name of signee			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00