L17000193216

(Requestor's Name)
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COVER LETTER

TO: Registration So Division of Con			
	RVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALAN VELARDE		
		Name of Person	
	PAKY SERVICES LLC		
	.	Firm/Company	·
	8409 FOREST HILLS DR	APT. 204	
		Address	
	CORAL SPRINGS, FL 33	065	
		City/State and Zip Code	····
	alanrenato@hotmail.com	to be used for future annual report not	officeries)
For further information of	concerning this matter, please c		meanony
Armando Barrantes		754 234.0395	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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 1 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303



June 13, 2020

ALAN VELARDE PAKY SERVICES LLC 8409 FOREST HILLS DR - APT. 204 CORAL SPRINGS, FL 33065

SUBJECT: PAKY SERVICES LLC Ref. Number: L17000193216

We have received your document for PAKY SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete/submit the form in its entirety as there are pages missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

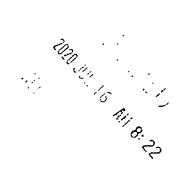
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 820A00011689

Irene Albritton Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limit	ed Liability Compa	iny as it now appears on our reco Liability Company)	ords.)
	(A rionda Limited	шавину Company)	
The Articles of Organization for this Limited L	iability Company	were filed on 09/18/2017	and assigned
Florida document number L17000193216	·		
This amendment is submitted to amend the following			
A. If amending name, enter the new name o	f the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREE	T ADDRESS)		
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
3. If amending the registered agent and/or r		address on our records, <u>ent</u>	er the name of the new registe
gent and/or the new registered office addres	ss nere:		
Name of New Registered Agent:	N/A		
Name of New Registered Agent.			<u> </u>
New Registered Office Address:	N/A		
		Enter Florida street addi	ress
			Florida
		City	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = 1 Manager 1 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JENNY M VELARDE	8409 FOREST HILLS DR APT 204	= Add
		CORAL SPRINGS, FL 33065	□Remove
			□Change
· ·		<u> </u>	□Add
			□Remove
			□Change
			□Add
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Effecti	ive date, if o	ther than	the date of	filing:				(optional)	
f an eff Note:	ective date is li:	ted, the date	must be specif	ic and cannot	be prior to d	ate of filing or	nore than 90 da	ys after filing.) I	Pursuant to 605,020
docum	ent's effective	date on th	s mock does e Departmen	t of State's:	e applicable records.	statutory nn	ng requireme	its, this date w	ill not be listed as
record d is til	d specifies a d	elayed effe	ctive date, bu	n not an effe	ective time,	at 12:01 a.m.	on the earlie	r of: (b) The	90th day after the
XI 1,5 141	. Cd.								
Dated [JULY 07			2020) 1	α			
			_	<u>_/, _</u>	11.				
				HIDAL	16/1	who -			
			Signature	of a member		d representativ			

Typed or printed name of signee