L17000214912

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ABT ESQ

ANGELIQUE B. THOMAS
ATTORNEY

(855) 568-3838
ATHOMAS@ABTESQUIRE.COM
WWW.ABTESQUIRE.COM

February 27, 2018

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

Re: Amaro Pargo LLC

To Whom It May Concern:

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to my attention as follows:

Angelique B. Thomas
ABT Esquire PLLC
1101 Brickell Avenue
Unit #310921
Miami, FL 33231

For further information concerning this matter, please call me directly at (855) 568-3838 or e-mail athomas@abtesquire.com.

Very truly yours,

ABT ESQUIRE PLLC

Angelique B. Thomas

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** AMARO PARGO 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:

ANGELIQUE B. THOMAS, ESQ.
Name of Person

ABT ESQUIRE PLLC
Firm/Company

1101 BRICKELL AVENUE, #310921
Address

MIAMI, FLORIDA 33231
City/State and Zip Code

ATHOMAS@ABTESQUIRE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELIQUE B. THOMAS, ESQ. at (855) 568-3838
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/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

AMARO PARGO 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 OCTOBER 17, 2017 and assigned Florida document number L17000214912.

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)***

150 E PALMETTO PARK RD
BOCA RATON, FL 33432

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

150 E PALMETTO PARK RD
BOCA RATON, FL 33432

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TALLAHASSEE, FLORIDA

**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*

_____, **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 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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGR | ALEJANDRO PEREZ MACIAS | SEE ATTACHED SHEET | ■ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
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| | | | ☐ Remove |
| | | | ☐ Change |

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

ADDRESS OF MANAGER, ALEJANDRO PEREZ MACIAS:

AV. BONAMPAK MZA 2 LTE 5 LOCALE SIX SM9

CANCUN, BENITO JUAREZ Q.ROO 77504 MX

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**E. Effective date, if other than the date of filing: _____ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 February 27, 2018.

A. Thomas.

Signature of a member or authorized representative of a member

ANGELIQUE B. THOMAS, ESQ.

Typed or printed name of signee



**Filing Fee: $25.00**