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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:	AN	MARO PARGO LLC	
Sobject.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Ca	arlos Colon-Machargo	
	Colo	n-Machargo Law Studio, L	LC
		Firm/Company	
		PO Box 14855	
		Address	
		Atlanta, GA 30324	
	car	City/State and Zip Code los@colonmachargolaw.c	om
		to be used for future annual report no	
For further information of	oncerning this matter, please ca	all:	
Carlos Co	olon-Machargo, Esq.	at(<u>+0+</u>)	-2050
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
	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 Section Division of Corporations		Street Address; Registration S Division of Co	orporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

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)

·			が説が
The Articles of Organization for this Limited Liability (Company were filed on	October 17, 201	7 and assigned
Florida document numberL17000214912	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	<u>ited liability company h</u>	ere:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>	
	<u> </u>	 	.
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our	records, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	P. con ET	orida street address	
	r:nier r to		
	Ciţy	Florida	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SEBASTIAN CADAVIB	915 N FRANKLIN ST 1002	□Add
		TAMPA, FL 33602	⊠ Remove
			□Change
AMBR	GLORIA ESTHER DIAZ RIVAS	915 N FRANKLIN ST 1002	
		TAMPA, FL 33602	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□ Change
			□ Add
			□Remove
			□Change

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. If amending	any other information, enter change(s) here: (Attach additional sheets. if necessary.)
-	
	
(If an effective of Note: If the	e, if other than the date of filing:
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of day after the record is filed.
Dated	January 22 , 2020
_	JUUUUU J
	Signature of a member or authorized representative of a member
	ALEJANDRO PEREZ MACIAS
_	Typed or printed name of signee