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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : 120010000062

: (323)962-8600 Phone Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMARO PARGO LLC



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TO:

Registration Section

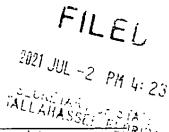
COVER LETTER

Divi	Division of Corporations			
SUBJECT:	AMARO PA			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	-
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		alpe300@gmail.com		
		E-mail address: (t	o be used for future annual report	notification)
For further in	formation co	ncerning this matter, please ca	ill:	
Cheyenne M	oseley		800 773-0888	
Name of Person at () Area Code Daytime T			etime Telephone Number	
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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 ELC

Page: 4 of 6

(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	and assigned
Florida document number 1.17000214912		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	•	
Cutan and madifing address if annimables		
Enter new mailing address, if applicable:	***	
(Mailing address MAY BE A POST OFFICE BOX)		
registered agent and/or the new registered office address her Name of New Registered Agent:	re:	
New Registered Office Address:	Enter Florida street addr	
		Cords, enter the name of the numbers Light Code I further agree to comply with the stand I am familiar with and 505, F.S. Or, if this document is
	Cuv.	Florida Zıp Code
New Registered Agent's Signature, if changing Registered Agent	·	·
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, of provided for in Chapter 603	and I am familiar with and 5, F.S. Or, if this document is
<u> </u>	inging Registered Agent, Signatur	Chi II in IA and

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	Valentine Perez Diaz	480 NE 31ST STREET UNIT 1103, MIAMI, FL 33137	= Add
			☐ Remove
			Change
MBR	VALENTIN PEREZ DIAZ	480 NE 31ST STREET UNIT 1103, MIAMI, FL 33137	□ Add
			■ Remove
			□ Change
			☐ Remove
			Change
			Renfore T
			ID:Change
			□ Remove
			Change
			Add
		····	☐ Remove
			Change

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Mective	date, if other th	ian the date of fil	ling:			(option	al)	0303 C
Note: If	the date inserted in	date must be specific a this block does no	ot meet the a	pplicable state	tiling or more that itory filing requi	irements, this d	ing.) Pursuant 10 603. ate will not be liste	das it
locumen	t's effective date o	n the Department of	of State's rec	ords.				
		lelayed effective he record is file		it not an en	ective time,	at 12:01 a.r	n, on the earlie	r or:
	-							
Dated	June	28th	_, _2(150				
		1	/ _<	_/				
		11/1	UUUU	26/1 ₂	resentative of a m			

From: Sylvia Paull

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00