117000242672

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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· COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|---|---|---|
| PALEJU I | .LC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| | f Amendment and fee(s) are sub- ondence concerning this matter | | |
| | PATRICIA SERRANO | | |
| | | Name of Person | |
| | PALEJU LLC | | |
| | | Firm/Company | |
| | 14050 SW 84 ST SUITE : | 202 | |
| | | Address | |
| | MIAMI FLORIDA 33183 | | |
| | juankarlosms@gmail.com | City/State and Zip Code | |
| For further information | E-mail address: (concerning this matter, please c | to be used for future annual report noti all: | fication) |
| PATRICIA SERRANO | | 305 387-3310 at () | |
| Name | of Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for | the following amount: | | |
| S25.00 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 Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

| PALEJU LLC | | |
|---|---|---------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L17000242672</u> . | were filed on PALEJU LLC | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 14050 SW 84 ST SUITE 202 | |
| (Principal office address MUST BE A STREET ADDRESS) | MIAMI FLORIDA 33183 | |
| | | 2021 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | FILED DEC 30 PH |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the</u> | name of the new registere |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | 171 =t.1 | |
| - | , Florida | A 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, <u>onter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--|------------------------------|
| MGR | MENA JUAN C | 4300 BISCAYNE BLV 203 | |
| | | MIAMI FLORIDA 33137 | ≣Remove |
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| DECEMBER 14 2020 Signature of a member or authorized representative of a member | N/A | | | | | | | |
|--|----------------------|------------------------|------------------|---|---------------------|------------------|---------------------|-------------------|
| tive date, if other than the date of filing: 12/01/2020 | | | | | | | | |
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| tive date, if other than the date of filing: 12/01/2020 (optional) ficetive 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 605.6. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed. DECEMBER 14 2020 Signature of a member or authorized representative of a member | | | | | | | | co |
| tive date, if other than the date of filing: 12/01/2020 (optional) | | | | | | | | 26 |
| fictive date, if other than the date of filing: (Optional) fictive 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed. DECEMBER 14 Signature of a member or authorized representative of a member | | | | | | | | |
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| DECEMBER 14 2020 Signature of a member or authorized representative of a member | | | | | ble statutory fi | ling requiremen | nts, this date wi | If not be listed |
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| Signature of a member or authorized representative of a member | d DECEMBER | : 14 | <i>)</i> : | 2020 | . `\ | | | |
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| Constant | | | | | | | | _ |
| JAPO (C/A STODANO | | Sig | nature of a mer | nber or author | ized representat | ive of a member | | |

Filing Fee: \$25.00