118000108730

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COVER LETTER

TO:	Registration Se Division of Cor					
ciini	PARBAYI	OOS LLC				
SUBJI	:C1:	Name of Lin	nited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		JIMMY MANUEL WON	G			
			Name of Person	7		
		PARBAYDOS LLC				
Firm/Company						
		10820 NW 29 STREET				
			Address			
		MIAMI, FLORIDA 3317	5			
		1011	City/State and Zip Code			
		paul@deltana.net E-mail address: (to be used for future annual report notifi	cation)		
For fur	ther information c	oncerning this matter, please c	all:			
PAUL	WONG		305 592-8188			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	ne following amount:				
□ \$2:	5.00 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

PARBAYDOS LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	inv as it now appears on our recor Liability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number L18000108730	were filed on MAY 4, 2018	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 "LLA	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		a ≥ ≤ ≤		
(Principal office address MUST BE A STREET ADDRESS)		SION AUG		
		20 P		
		AM AM		
Enter new mailing address, if applicable:		00 CR		
(Mailing address MAY BE A POST OFFICE BOX)		25		
				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ls, enter the name of the ne		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, F	lorida		
	-	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete				

If Changing Registered Agent, Signature of New Registered Agent

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JIMMY MANUEL WONG	10820 NW 29 STREET	Add
		MIAMI, FL 33175	□ Remove
			Change
MBR	PAUL PHILIP WONG	10820 NW 29 STREET	= Add
		MIAMI, FL 33175	Remove
			□ Change
			Add
			□ Remove
			☐ Change
			Add
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<u>ote:</u> If the d	e, if other than the te is listed, the date me ate inserted in this b fective date on the f	lock does not m	eet the applica	o date of filing ble statutory	or more than 90 Iling requirer	(optiona) days after filii nents, this da	l) ng.) Pursuant to (te will not be l	505.020 isted a
	pecifies a delaye day after the rec		ate, but not	an effectiv	ve time, at	12:01 a.m	i. on the ea	rlier c
Augus	3. 2018							
								
		Signature of a m	ember or author	rized represent:	tive of a memb	жr		

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Filing Fee: \$25.00