## L18000 110682

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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05/21/18--01024--002 \*\*25.00

FILED

18 MAY 21 PH 3:50
SECRETARY OF STATE

K SALY

MAY 22 2018

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	PAJC R L	L.C., ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subj	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Ricardo	J. Camillo Name of Person	
		Firm/Company	
	715 SW 14	8th Ave #411	
		. 33325 City/State and Zip Code 2012@ Yahoo-CoM o be used for futule annual report notifi	
For further information co	ncerning this matter, please ca		
Picarde Name of	o Carrillo Person	at ( <u>787</u> ) <u>679–4</u> Area Code Daytime	F383 Telephone Number
Enclosed is a check for the	_	☐ \$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, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
266) Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

	OF "6" MAY 21
Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L18000110682</u>	ny were filed on April 26, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	
The new name must be distinguishable and contain the words "Limited Lial	bility 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)	<del></del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	And the second s
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	er · i

## New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

City

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 18 MAY 21 PM 3: 50 -or removed from our records: MGR = Manager AMBR = Authorized Member **Title** Name Address Type of Action □ Add ☐ Remove \_□ Change □ Add \_□ Remove \_ Change \_□ Remove \_□ Change □ Add ☐ Remove □ Change □ Add \_\_\_\_ □ Remove \_\_\_\_\_ Change □ Add ☐ Remove 

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(Il`an e <u>Note</u>	ctive date, if other than the date of filing:
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	5/14/2018
	Signature of a member or authorized representative of a member
	Ricardo J. Carrillo  Toped or printed name of signee

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Filing Fee: \$25.00