## 118000127712

	(Requestor's Name)	·
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	_
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## **COVER LETTER**

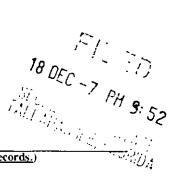
TO:	Registration Se Division of Cor			
CHDI	ADULT-IT	TLI.C		
SUBJI	BC1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Jessica Pavese		
			Name of Person	
		ADULT-IT LLC	Name of reison	
		<del></del>	Firm/Company	
		912 Jeffrey Street	· ····· company	
		<del></del>	Address	
		Daytona Beach, FL 32117		
		jessica@paveseparalegalcon	City/State and Zip Code asulting.com	
		E-mail address: (t	to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Jessica	Pavese		386 843-9010 at ( )	
	Name o	f Person	at () 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**



ADULT-IT LLC

(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 Liabi		3, 2018 and assigned
Florida document number L18000127712	·	
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here	;
Pavese Paralegal Consulting LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
	<del></del> -	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
	<del></del>	
B. If amending the registered agent and/or	registered office address on o	ur records, enter the name of the ne
registered agent and/or the new registered office		
Name of New Registered Agent:		
New Date of Office Add		
New Registered Office Address:	Enter Florida	street address
-	City	, Florida
N P	•	zip Code
New Registered Agent's Signature, if changing Regi	istered 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 or removed	Authorized Person(s) authorized to m from our records:	nanage, <u>enter the</u>	title, name, and address of each	person_being added	
MGR = Manager AMBR = Authorized Member			18 OEC -7 PH 9:52		
<u>Title</u>	<u>Name</u>	Address	Marine Service	Type of Action	
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ctive date, if other than the date of filing:	not be prior to dat	e of filing or more tha	optional) n 90 days after filing.)	Pursuant to 605.02
If the date inserted in this block does not meet the ment's effective date on the Department of State'	the applicable s 's records.	statutory filing requ	irements, this date v	vill not be listed
ecord specifies a delayed effective date, ie 90th day after the record is filed.	, but not an	effective time,	at 12:01 a.m. c	n the earlier
d December 3	)18 			
U Varia	a 1 0			
1 / 00 - 02		representative of a mo		

Page 3 of 3

Filing Fee: \$25.00