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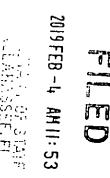
(Re	questor's Name)	
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C. GOLDEN FEB - 9 2019

COVER LETTER

O: Registration Section Division of Corporations
UBJECT: PASOL ENTENPOLISES LLC Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
CATALTA PASOT Name of Person PASOT CATENDATS ES LLC Firm/Company 13654 N. 12TH ST # 9 Address TAMPA, FL 33613 City/State and Zip Code CATALTAT RASOT (A) GMATL. COM
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Name of Person at (72) 457 - 0368 Area Code Daytime Telephone Number
nclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee. Certificate of Status & \$\Bigcup \$certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee. 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

FILED

2019 FEB -4 AM 11:53

	ENTERPRISES LLC	· ·
(Name of the Limited L. (A F	iability Company as it now appears on our records lorida Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liabil Florida document number <u>218</u> 00023 ウ	-	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	_
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	City . Flor	rida 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>enter 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
mgs.	CAMEN TOMKINS	5431 POINSCITA DR.	
		NEN PONT NICHIC, FL 3465	Remove
			□ Change
			Add
			Remove
			Change
			🗆 Add
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			Change
			🗆 Add
			Remove
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			Add
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D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	(optional) ective date, if other than the date of filing: (optional) ective 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 605,0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
If the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	FEBRUARY 1ST 2019
	Signature of a member or authorized representative of a member
	CATALTW RASOT
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00