L19000124606

(Re	questor's Name)	
(Ad	dress)	
	daga	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
	siness Entity Nam	
(60	siness chuty Nam	le)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
 -		
Special Instructions to	Filing Officer:	
L		

Office Use Only

04/23/2021

5.0-



600361062626

03/03/21--01017--022 **25.00



COVER LETTER					
TO: Registration Section Division of Corporations					
SUBJECT: Put Mobile Colonited Liability Company Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Joanston Ruz Orocco					
Par Mobile Delling LCC					
300 Flornich St D					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & □ S60.00 Filing Fee					
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

(Name of the Limited Liability Companion (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number LIGOODDHCC	were filed on 5 · 8 · <u>3019</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here: OA
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>Do change</u>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address: Start Sta	Enter Florida street address City City Control City Cit
New Registered Agent's Signature, if changing Registered Agent:	A D
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and T am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
mgr	Einabeth Ruiz-	300 Flamich St	□Add
UTNO	OTTIERCO	300 Flomich St Dayting Beach F133117	(IRomove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			E □Change
		··	
			□Change
			□Add
			□Remove
			□Change

-	y other informatio						
			-				
							_
			.				<u>.</u>
	· 						
						<u></u>	
• • • • • • • • • • • • • • • • • • • •	<u> </u>						
				<u> </u>			
		-					
						 .	
+ 		_ .					
	<u></u>					<u></u>	···
							
							Sø.
						2021	***
						MAR .	
Effective date,	if other than the d	ate of filing:	21221	12021	(or	otional)	,
(If an effective date	is listed, the date must be inserted in this bloc	e specific and car	nno incepriorio a	rate of fitting of mor	e than 90 days at	fter filing Pursu	iant to b 05.0207 (. io t ber listed as th
document's effect	tive date on the Dep	artment of State	e's records.	t Amaiory amig	Z.		
					To.	. ~	
the record specifies ord is filed.	a delayed effective of	late, but not an	effective time.	, at 12:01 a.m. on	the earlier of:	(b) The 90th	ı day after the
in the di							
Dated	2/20/20	3- L	1606				
	-61						
		gnature of a mer	nber or authorize	ed representative o	f a member		
		la o					
	- Logo	athan R	ped or printed n	020			