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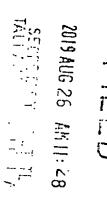
	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
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	(Business Entity Name)
	(Document Number)
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Y SULKER SEP 0 5 2019

COVER LETTER

Division of Cor	porations		
subject: <u>Palan</u>	Kar Group, LL		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jose R.	Perc2 Name of Person	
	Law office	OF JUSC R. PEVEL.	, P. A .
	6100 Blue La	GOOD DVIVE, SUITE	305
	Miami, FL 53	City/State and Zip Code	
	JOSE @ 17 PEY (E-mail/address: (1	TIQW COM to be used for future annual report notific	ration)
For further information co	oncerning this matter, please ca	all:	
Jose R. Per	f Person	at (<u>305</u>) <u>201 - 80</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 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:

٠:

Registration Section

TO:

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

Name of New Registered Agent: New Registered Office Address: Enter Florida street address City New Registered Agent's Signature, if changing Registered Agent:	rida
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	rida
Name of New Registered Agent: New Registered Office Address:	
Name of New Registered Agent:	
registered agent and/or the new registered office address here:	
B. If amending the registered agent and/or registered office address on our records,	enter the name of the new
(Mailing address MAY BE A POST OFFICE BOX)	
Enter new mailing address, if applicable:	do in
	8 7
Trucqui office unuress MOST BL A STREET ADDALSS	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7.5
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liability company here:	
This amendment is submitted to amend the following:	
Florida document number <u>L 19000 217 7</u> .69	, com and assigned
The Articles of Organization for this Limited Liability Company were filed on Acceptable 20	1 7 Al 9 and assigned
	,)
(Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company)	

If Changing Registered Agent, Signature of New Registered Agent

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 addor removed from our records:

MGR =	Manager	
AMBR =	Authorized	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change
			☐ Add
			☐ Remove
			Change
		 	
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change

,	
f an ef <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier og 90th day after the record is filed.
Dated	August 21 2019
	Signature of a member of a member of a member
	organists of a memoryty gorphine o representative of a memori
	Jose L. Perer

Page 3 of 3

Filing Fee: \$25.00