L20000009432

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Somend

MY NAME IS: YISCEL MARIA PASCUAL BERMUDEZ

PH NUMBER: 786 740 0516

EMAIL: YISCELPASCUAL@GMAIL.COM

ADDRESS:

9333 SW 227TH ST UNIT 1

CUTLER BAY, FL 33190

I AM THE MANAGER OF MY COMPANY: **PASCUAL LLC, I NEED TO ADD ME AS AN AUTHORIZED PERSON**

THANK YOU SO MUCH FOR YOU TIME AND YOU HELP

COVER LETTER

TO:

	Registration Se Division of Cor			ري ج
enniec.		LLC		
SUBJEC	1;	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Name of Limited Liability Company rticles of Amendment and fee(s) are submitted for filing. It correspondence concerning this matter to the following: YISCEL M PASCUAL BERMUDEZ Name of Person		
Please retu	ım all correspo	ndence concerning this matter	to the following:	
		YISCEL M PASCUAL B	ERMUDEZ	
			Janus .	
		9333 SW 227TH ST UNI	1	
			Address	
		CUTLER BAY, FL 3319	0	Daytime Telephone Number 240 0516 Daytime Telephone Number 2 & S60.00 Filing Fee, Certificate of Status & Certified Copy
		yiscelpascual@gmail.com	City/State and Zip Code	<u>. </u>
For furthe	r information co		·	ification)
YISCEL	M PASCUAL I	BERMUDEZ		
	Name o	f Person		ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
≅ \$2 5.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	<u>Iailing Addres</u> Registration S			ection
Γ	Division of C	orporations	Division of Co	rporations
	P.O. Box 632 Tallahassee, F		The Centre of 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PASCUAL 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 I		01/02/2020	and assigned
Florida document number 1.20000009432	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company	y here:	
PASCUAL LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and/or	• •	ir records, <u>enter the n</u>	ame of the new registered
agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	YISCEL M PASCUAL BERN	MUDEZ	
New Registered Office Address:	9333 SW 227TH ST UNIT 1		
Finter Florida street address			
	CUTLER BAY	, Florida	33190
	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I harehy accent the appointment as register	ed agent and agree to get in th	his canacity. I further	agree to comply with the

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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	YISCEL M PASCUAL BERMUDE Z.	333 SW 227 TH ST UNIT 1. CUTLER BAY, FL	3319: ⊠ Add
			Remove
			□Change
			□Add
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			Change

If amending any ot	her information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note: If the date inse	ner than the date of filing:
record specifies a de l is filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	<u>6/26</u> . 2020.
	Signature of a member of a unember
	Vi Scel Homig Poscued Bermudes Typed or printed name of signee

Filing Fee: \$25.00