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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
atin Inggr	PAGAHOY	LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		ANDRES HURTADO		
			Name of Person	·
		PRODEZK INC		
			Firm/Company	
		5040 NW 7TH ST STE 70.	5	
			Address	
		MIAMI, FLORIDA, 33126	i	
			City/State and Zip Code	· ···
		INFO@PRODEZK.COM		
			o be used for future annual repor	t notification)
For further in		oncerning this matter, please ca		
Indie	os Hu	rtado.	$\underbrace{}_{\text{Area Code}} \underbrace{}_{\text{Area Code}} \underbrace{}_{\text{Da}} \underbrace{}_{\text{Da}}$	33 85 21
-	Name of	Person	Area Code D:	nytime Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 I	iling 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)
	iling Address		Street Addres	
	gistration S vision of C	oection orporations	Registratior Division of	i Section Corporations
	D. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D. C. WOWLL C	
PAGAHOY LLC	Fr yanna
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	
The Articles of Organization for this Limited Liability Company were filed on	03/16/2020 and assigned
Florida document number L20000083090	0.5
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u> here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company." the	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOλ)	
3. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
Enter I	Florida street address
	, Florida

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.

City

Zip Code

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>	<u>Name</u>	Address	Type of Action
MGR	ANDRES EDUARDO DUENAS	5040 NW 7TH ST STE 705	≣ Add
		MIAMI, FLORIDA, 33126	□ Remove
			□ Change
			□Add
			□Remove
			Change
			Remove
			□ Change
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ffecti	ve date, if other than the date of filing: (optional) cetive 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 (
iote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
ocum	ent's effective date on the Department of State's records.
record Lis fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
J 18 111	ed.
	JUNE 10 th (2020
ated .	
	Signifure of a member or authorized representative of a member
	PEDRO D CARRASCO DUENAS

Filing Fee: \$25.00