

L20000 157811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

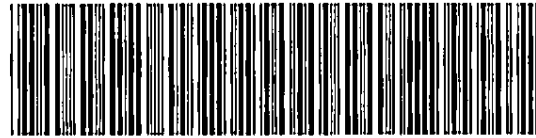
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/01/20--0102--001 \*\*20.00

LLC

N/C

2020 AUG 20 P 1:26

FILED

AUG 24 2020

D CORNELL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARLOS PAREDES PA LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS PAREDES

\_\_\_\_\_  
Name of Person

CARLOS PAREDES PA LLC

\_\_\_\_\_  
Firm Company

3880 BIRD ROAD UNIT 715

\_\_\_\_\_  
Address

MIAMI FLORIDA 33146

\_\_\_\_\_  
City State and Zip Code

carlospds.pa@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS PAREDES

786

208 6472

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_)\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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:

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



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Florida document number L20000157311

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

3880 BIRD ROAD UNIT 715 MIAMI FLORIDA 33146

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Circumstance	Percentage of Respondents (%)
If someone is attacking you	~85
If someone is threatening you	~80
If someone is using force against you	~85
If someone is using a weapon against you	~90
If someone is using a weapon against you and you are afraid for your life	~95

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

*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

MGR = Manager  
AMBR = Authorized Member

[illegible]

[illegible]

(If an effective 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 record 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 record is filed.

AUGUST 19 \_\_\_\_\_ 2020

\_\_\_\_\_  
Signature of \_\_\_\_\_ or authorized representative of a member

CARLOS PAREDES

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**