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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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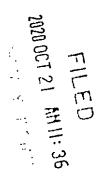
Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Corporations				
		GANIZED LLC	• • • • • • • • • • • • • • • • • • •	
SUBJECT:	-	Name of Lin	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		PATRICIA MORENO		
			Name of Person	
		PATY ORGANIZED LLC	•	
			Firm/Company	
		5121 NW 79TH AVE UN	IT 2	
			Address	
		DORAL, FL 33166		
			City/State and Zip Code	
		paty.organized@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For further in	nformation c	oncerning this matter, please c	all;	
PATRICIA	MORENO		352 870-8336	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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)
	iling Addres gistration S		Street Address: Registration Sec	ction
		orporations	Division of Cor	
). Box 632		The Centre of T	
Tal	lahassee, F	L 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PATY ORGANIZED LLC

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our recornited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Com	pany were filed on 09/14/2020	and assigned
Florida document number 1.20000287456		27 ED
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	and assigned ED
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<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 of agent and/or the new registered office address here:	fice address on our records, <u>ente</u>	r the name of the new registere
Name of New Registered Agent:		 .
New Registered Office Address:	Enter Florida street addre	ess
		lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and	l agree to act in this capacity. I f	urther agree to comply with th

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 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
AMBR	PATRICIA MORENO	1000 BRICKELL PLAZA APT 2905	DbAd
		MIAMI, FL 33131	DR CROVE
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			□ Add Change □ Add 36
			Remove
			Change
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			Change

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