120000351635

(Requestor's Name)		
(Address)		
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	P.A. USA L	.LC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleasc	return all correspo	ndence concerning this matter	to the following:	
		BUM PARK		
			Name of Person	
		BP STRATEGIC SOLUTI	ONS LLC	
			Firm/Company	
		11100 NW 72 TER		
		-	Address	
		DORA, FL 33178		
			City/State and Zip Code	
		bpark@bpstrategics.com		
		E-mail address: (to be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please ca	all:	
вим	PARK		305 7359250 at ()	
	Name of	Person		e Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2	5.00 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

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P.A. USA LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records. ability Company))
Γhe Articles of Organization for this Limited Liability Company via Florida document number L20000351635	were filed on 11/05/2020	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ry Company," the 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 BOX)		
		28 28
		2
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter t</u>	he name of the new register
agent and/or the new registered office address here:		0
		F 777
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	City	Zip Code

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.

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	MARCANO R., EDILBETH	2901 SW 149 AVE Suite 240	= Add
		MIRAMAR, FL 33027	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

		
		
		
	<u></u>	
		
Note: If the date inserted in thi	must be specific and cannot be prior to date of f	(optional) illing or more than 90 days after filing.) Pursuant to 605.0207 (3) tory filing requirements, this date will not be listed as the
the record specifies a delayed effectord is filed.	ctive date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90th day after the
June 5th	2024	
Dated June 5th	wow.	
<u>V</u>	Signature of a member or authorized repre	esentative of a member

Typed or printed name of signee