

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAL PATIO MULTI SERVICES, LLC

| Certificate of Status | 0] |
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| Certified Copy | 0 |
| l'age Count | 04 |
| Estimated Charge | \$25.00 |

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Electronic Filing Menu

Corporate Filing Menu

Help

PAUPATIO MULTI SERVICES, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Co (A Florida Limi | mpany as it now appears on our records.) ted Liability Company) | · |
|---|--|---|
| The Articles of Organization for this Limited Liability Comp. Florida document number 121000076007 | any were filed on 02/15/2021 | and assigned |
| This amendment is submitted to amend the following: | | |
| 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 L | isbility Company," the designation "LLC" or the a | bbreviation "L.L C." |
| Enter new principal offices address, if applicable: | | 21/2 |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | |
| | | 27 SSEE |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| B. If amending the registered agent and/or registered office and/or the new registered office address here: | ice address on our records, enter the nar | ne of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida stress address | |
| | Florida | Zip Code |
| | Сиу | 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 |

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| Title | Name | Address | Type of Action |
|---|----------------|--------------------------|----------------|
| AMBR | DANIEL LIRIANO | 6825 PEMBROKE ROAD | |
| | | PEMBROKE PINES, FL 33023 | ≡Remove |
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| E. Effective date, if other than the date (If an effective date is listed, the date must be spi | secific and cannot be prior | r to date of filing or mo | e than 90 days after fills | ng.) Pursuam to 6053 | 0207 (. |
| Note: If the date inserted in this block de document's effective date on the Departu | ses not meet the applich nent of State's records | rable starutory filing | requirements, this da | te will not be liste | d as th |
| | | | | | |
| If the record specifies a delayed effective data, record is filed. | , but not an effective t | ime, at 12:01 a.m. o | n the earlier of: (b) | The 90th day after | the |
| Dated MAY 26 | 2021 | | | | |
| | 2021 | | | | |

2021-05-27 13:40:18 UTC

To: 18506176383

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From: Yanet Avila

Typed or printed name of signer