

L21000077507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

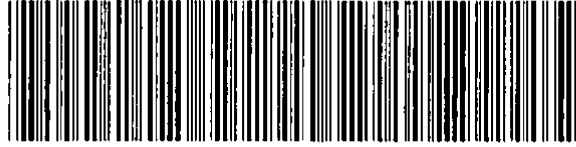
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: P & PA FLOORING SOLUTIONS LLC

Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mauricio Paolo Andrade

Name of Person

PAOLO ANDRADE Y.

Firm/Company

17561 69th St N

Address

Loxahatchee FL 33470

City/State and Zip Code

ppaflooring@gmail.com

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

For further information concerning this matter, please call:

Mauricio Paolo Andrade

33470

267-792-8804

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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TALLAHASSEE, FL
DIVISION OF STATE

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

P & PA FLOORING SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/15/2021 and assigned
Florida document number L21000077507.

This amendment is submitted to amend the following:

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

PA CONTRACTING LLC

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

Enter new principal offices address, if applicable:

2495 STIRLING RD

Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE FL 33312

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

3. **If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Mauricio Paolo Andrade Villacis

New Registered Office Address:

2495 Stirling Rd

Enter Florida street address

Fort Lauderdale

Florida 33312

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.

See a Hatched

If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF STATE
TALLAHASSEE, FL

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recommending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager

IBR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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2022 OCT 11 PM 11
STATE OF FLORIDA
COUNTY OF BREVARD, FL

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

PAOLO ANDRADE V.
Signature of a member or authorized representative

Signature of a member or authorized representative of a member *[Signature]*

Typed or printed name of signee

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STATE OF FLORIDA
TALLAHASSEE, FL

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10
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