## 121000087867

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(DX	ocument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
<u> </u>		

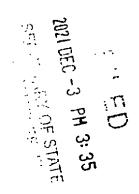
Office Use Only

A. RIVERS
DEC 1 6 2021



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## **COVER LETTER**

TO:		istration Session of Corp		,	
		PANDEMI	CS SPALLC	•	, <b>f</b>
PANDEMICS SPA LLC SUBJECT:  Name of Lin					
			Nanc of 13th	inco massing company	
The encl	losed	Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn	all correspon	ndence concerning this matter	to the following:	
			CARLOS BISIO		
				Name of Person	
			FASTFORWARD TRAD	ING COMPANY LLC	
				Firm/Company	<del></del>
			1845 NW 112 TH AVENU	JE STE 203, MIAMI FLORIDA	
				Address	
			33172		
				City/State and Zip Code	·
			info@fastfwdus.com		
			E-mail address: (	to be used for future annual report no	otification)
For furth	ner in	formation co	oncerning this matter, please c	ull:	
CARLO	S BI	SIO		786 4956610	
		Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed	d is a	check for the	e following amount:		
<b>■ \$</b> 25.	7 00,	iling 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)
		ling Address		Street Address:	
	_	istration S	ection orporations	Registration Section Division of Corporations	
		. Box 6327	•	The Centre of	•
	Tall	ahassee, F	L 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PANDEMICS SPA LLC			
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Compa	ny were filed on 02-22-2021	and assi	gned
Florida document number L21000087867			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the	abbreviation "L.I	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)			
muting uturess MAT BE A FOST OFFICE BOA	-		
B. If amending the registered agent and/or registered offic	e address on our records, enter the na	ST ( therew	register
agent and/or the new registered office address here:	<u> </u>	<u> </u>	
		ن ا	-
Name of New Registered Agent:		्रे स	0
New Registered Office Address:	P. P. J. J.	ု ကို ယု	
	Enter Florida street address	ATE 35	
	Florida _	Zip Code	
	Cav	7.10 C (RUE	

## 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 Changing Registered Agent, Signature of New Registered Agent

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	QUINTAUNFLORES MEDIENA	1317 EDGEWATER SUITE 2926	
		ORLANDO, FL 32804	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Add
			□Remove
			□Change

D. Wamending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
The second of the control of the con
(optional)
(optional)  [E. Effective date, [fother than the date of filing:
Note: Inthe date unserted in this block does not meet the applicable statutory tring requirement of State's records.
distincting of the state of the
If the record specifies o defayed effective date, but not an effective time, at 12:01 a m, on the earlier of: (b) The 90th day after the
(GCOULD HECO AT A STATE OF THE
Dated 16 16 - NOVE MIZER - 2021
Dated
Signature of a member or adhorized representative of a member
Signature of B the time.
Typed or printed name of signer
Typed or printer

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