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COVER LETTER

SUBJECT: CHI	ARIS PARDO L	LC		
30b/te1		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		^		
	CHARIS	PARDO		
		Name of Person		
	CHARIS	PARDO U.C. Firm/Company		
	11628 SV	1246 ter		
		Address		
	F, MAM _	City/State and Zip Code		
	CHAPISE		Μ	
	E-mail address: (51260 9MQ11. Co		
For further information c	oncerning this matter, please ca	all:	SECKETA TALLA O O	
011.50.0	2.00	701 020	SEP CALL	1
CHARIS 1	PARDO f Person	at (+66) 829 Area Code Davtim	re Telephone Number	71 (2190 1-14538)
Name	i i cison	Mea Code Dayum	reference values (2)	77
Enclosed is a check for the	ne following amount:		- 1	J
	-	□ 655 00 EU	77 N	
S \$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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.)
(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LZ100075449</u> 3	were filed on $05/03/21$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company_here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company "the designation "LLC" or the abbreviation "LLC"
The first time that be distinguished and contain the words. Similar blass	• • •
Enter new principal offices address, if applicable:	2021 SEC
(Principal office address MUST BE A STREET ADDRESS)	PAR SE ST
	The state of the s
Enter new mailing address, if applicable:	The state of the s
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
B. If amending the registered agent and/or registered office a	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:	
Now Projectored Office Address	
New Registered Office Address:	Enter Florida street address
	Florida

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
AMBR	CHARIS PARDO	11628 SW 246 ter Miami, FL 3303Z	⊠ Add
			□Remove
			□Change
MGR	CHARIS PARDO	COO CO 1 2015 100	□Add
		11628 SW 246 ter Miami FL 33032	≪ Remove
		-	□Change
			
			Remove
			Hard by Adde Grant Control of the C
			□Change
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