

K21000215831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

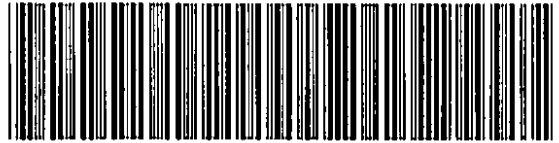
(Business Entity Name)

(Document Number)

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FILED
2021 JUN 17 PM 3:07
CLERK

5/14/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PASO FINO S.I. LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

HECTOR HUGO PINEDA GOMEZ

Name of Person

PASO FINO S.I. LLC

Firm/Company

8942 SW 227TH TERRACE

Address

CUTLER BAY FL 33190

City/State and Zip Code

gaxprofessional@gmail.com

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

For further information concerning this matter, please call:

HECTOR HUGO PINEDA GOMEZ

786

3700181

Name of Person

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

2021 JUN 17 PM 3:08

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

PASO FINO S.I. 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 05/08/2021 and assigned
Florida document number L21000215831.

This amendment is submitted to amend the following:

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

PASO FINO S.I. 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:

(Principal office address MUST BE A STREET ADDRESS)

8942 SW 227TH TERRACE

CUTLER BAY FL 33190

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8942 SW 227TH TERRACE

CUTLER BAY FL 33190

B. 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:

CARLOS A NUNEZ

New Registered Office Address:

8942 SW 227TH TERRACE

Enter Florida street address

CUTLER BAY FL

Florida 33190

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	HECTOR HUGO PINEDA GOMEZ	8942 SW 227TH TERRACE	<input type="checkbox"/> Add
		CUTLER BAY FL 33190	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	P.H. INVESTMENT SERVICES LLC	8942 SW 227TH TERRACE	<input type="checkbox"/> Add
		CUTLER BAY FL 33190	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	H.L. INVESTMENT SERVICES LLC	8942 SW 227TH TERRACE	<input type="checkbox"/> Add
		CUTLER BAY FL 33190	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THIS AMENDMENT IS PRESENTED BY CORRECTION IN THE FULL NAMES OF THE MEMBERS IN
IN THE POSITION WITHIN THE LLC.


THE CHANGE IS :

"P" AND "VP" BY AMBR IN BOTH MEMBERS

E. Effective date, if other than the date of filing: 05/08/2021 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the 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.

Dated MAY 28 2021



Signature of a member or authorized representative of a member
HECTOR JUGO PINEDA GOMEZ - AMBR - 05/28/2021

Typed or printed name of signer