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## **COVER LETTER**

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: PAZ SERVICES AGENBY JJ@  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:
Olair Paz martin 50
PAZ SERVICES AGENCY HA
1770 SW. Frd st #8
maini - H- 33/35.
City/State and Zip Code  pat_alain(a yahoo.es  [E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alun PAZ Martinez at 786, 720 - 0691.  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed) 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

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

PAZ SERVICES AGEA (Name of the Limited Liability Company (A Florida Limited Liab	vey -	110	
			· ·
The Articles of Organization for this Limited Liability Company w	ere filed on _	5 25	and assigned
Florida document number 21000 243 989	Ŧ	,	1
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company	here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the	designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<del> </del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<del></del>	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our	records, <u>ente</u>	r the name of the new register
Name of New Registered Agent:			
New Registered Office Address:		orida street addre	255
			 lorida
	City	, <b>r</b>	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as pro	erformance o	of my duties, a	nd I am familiar with and

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.

.1

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 Type of Action Title Name  $\square$ Add \_ □Remove Change  $\square$ Add □ Change  $\square$ Add \_ □ Add = \ ☐ Change

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	<u> </u>
n effecti <u>ste:</u> [f]:	date, if other than the date of filing:  7/26/2021 (optional)  ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at the effective date on the Department of State's records.
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	7/28/1 2021.
	Signature of a member or authorized representative of a member