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COVER LETTER

TO: Registration Section

Division of Cor	porations		
PAC Tight	LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u>. </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Hunter D Retherford		
	•	Name of Person	
	PAC Tight "LLC"		
		Firm/Company	
	3401 Trail Dairy Cir		
		Address	
	North Fort Myers, FL 339	17	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<u>-</u>
	hunterretherford@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Hunter D Retherford		239 745-7184	
Name o	Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	te 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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Con The Centre of T	rporations
Tallahassee, I			se Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAC Tight LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	
he Articles of Organization for this Limited Liability Company	were filed on 06/07/2021	and assigned
lorida document number L21000268288		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
ne new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or ti	ne abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<u></u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
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		: 50
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter the r</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer r ioriaa sireei adaress	
A	, Florida	
	City	Zin 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>	Address	Type of Action
AMBR	Hunter D Retherford	3401 Trail Dairy Circle	
		North Fort Myers, FL 33917	
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			□Remove
			Change
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			Remove
			☐ Change
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