## K21000285751

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filling Officer:	
	Office Use Only	



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## **COVER LETTER**

TO:

	Registration Sec Division of Corp				
		ories & More LLC			
SUBJEC	T:	Name of Lim	ited Liability Company		
The encle	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn all correspoi	ndence concerning this matter	to the following:		
		Pierre A Martinez			
			Name of Person		
		····	Firm/Company		
		20776 NW 1st. Street			
			Address		
		Pembroke Pines FL 33029			
			City/State and Zip Code	<del></del>	
		pandkmemories@gmail.cor			
For furthe	er information co	e-mail address: ( oncerning this matter, please c	to be used for future annual reportall:	notification)	
Pierre A	Martinez		786 457-572:	5	
	Name of	Person	Area Code Da	ytime Telephone Number	<b>(</b> )
Enclosed	is a check for th	e following amount:			
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee,  Certificate of Status &  Certified Copy  (additional copy is enclosed)	
				5 2	
	Mailing Address		Street Address		
	Registration S Division of Co		Registration Division of (	Section Corporations	
	P.O. Box 632	•		of Tallahassee	
	Tallahassee, F			nroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mpany as it now appears on our records.) ited Liability Company)	
any were filed on <u>06/21/2021</u>	and assigned
liability company here:	
iability Company," the designation "LLC" or	the abbreviation "L.I.,C."
<u> </u>	
ice address on our records, <u>enter th</u>	name of the new regis
	2
Enter Florida street address	
, Flori	daZip Code
	ice address on our records, enter the

## 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	Pierre A Martinez	20776 NW 1st Street Pembroke Pines FL 33029	<b>=</b> Add
			□Remove
		<u></u>	□Change
MGR	Pierre A Martinez	20776 NW 1st Street Pembroke Pines FL 33029	🗆 Add
			■Remove
			□Change
			□Add
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or mo te: If the date inserted in this block does not meet the applicable statutory filing ument's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.020 g requirements, this date will not be listed a
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. os filed.	on the earlier of: (b) The 90th day after th
ed July 19th. 2021	
Signature of a member or authorized representative	of a member