L21000322588

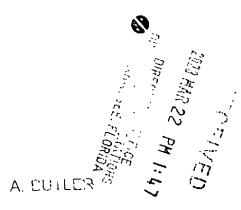
(Rec	questor's Name)	
(Add	tress)	
(Add	oress)	
(City	//State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
1800	siness Entity Name)	
(50:	siness Chity Harrey	
(Do	cument Number)	
Copies	Certificates of	of Status
Linstructions to Filtr	ng Officer.	
	.,	
		1

Office Use Only



500405048915

2023 MAR 22 AH 11: 23



MAR 2 3 2023

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PDOUBLEA, LLC	·
Please Debit I20000000257 For: 25	
Thank you Seth Neeley	
1-1-1	-
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Ficitious Name File
	Trade/Service Mark
	Merger Filc
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Phuto Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ .	Officer Search
	Fictitious Search
Simon	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

	Registration S Division of Co				
SUBJEC	PDOUBL	EA, LLC.			
SOBJEC.		Name of Lin	nited Liability Company		
The enclo	osed Anicles of	Amendment and fee(s) are sul	omitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		RAFAEL BARRERA			
			Name of Person		
		DIEGO L RESTREPO P.	Α.		
			Firm/Company		
		2600 SOUTH DOUGLAS ROAD SUITE 913			
			Address		
		CORAL GABLES, FL, 33	3134		
			City/State and Zip Code		
		RAFAEL@RESTREPOLA			
For furthe	r information o	E-mail address: (concerning this matter, please c	to be used for future annual report notificational.	on)	
	. BARRERA		305 447-9430 at ()		
	Name o	f Person	Area Code Daytime Tele	ephone Number	
Enclosed i	is a check for th	he following amount:			
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
	<u>1ailing Addres</u> Registration S		Street Address: Registration Section		
	Division of C			Division of Corporations	
	O Boy 632		The Costs of Tallet		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

PDOUBLEA, 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 $\frac{O7}{//4}/\sqrt{2021}$ Florida document number L21000322588 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.I..C." 1400 SW 32nd Ct Enter new principal offices address, if applicable: Fort Lauderdale, FL 33315 (Principal office address MUST BE A STREET ADDRESS) 1400 SW 32nd Ct Enter new mailing address, if applicable: Fort Lauderdale, FL 33315 (Mailing address MAY BE A POST OFFICE BOX) 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: International Corporate Service Inc. Name of New Registered Agent: 2600 South Douglas Road, Suite 913 New Registered Office Address: Enter Florida street address __, Florida 33134 Zip Code Coral Gables City

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
MGR	DANIEL ESTEBAN MOLINA	1400 SW 32nd Ct	■Add
		Fort Lauderdale, FL 33315	□Rcmove
			□Change
MGR	ANDRES FELIPE MOLINA VALI	16582 NW 6TH ST	
		PEMBROKE PINES, FL 33028	■Remove
			[]Change
MGR	MGR ADRIANA MARIA JARAMILLO	16582 NW 6TH ST	
		PEMBROKE PINES, FL 33028	≡Remove
			☐ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
,			
			□Remove
			□Change

- cc	
fan ei Note:	tive date, if other than the date of filing:
reca d is f	rd 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 filed.
Dated	3/21/23 (CgN) / CgN
	Signature of a member of authorized representative of a member
	$oldsymbol{\mathcal{J}}$ DIEGO L. RESTREPO, ESQ., AS AUTHORIZED REPRESENTATIVE OF A MEMBER
	and a many room to the treatment has reason that the same of a present the

Filing Fee: \$25.00