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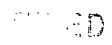
COVER LETTER

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ar barear	PAVO PRO	DCESSING, LLC	•	•
SUBJECT	÷ <u></u>	Name of Lim	NALLY Name of Person SSSING, LLC Firm/Company T. Address D. FL 33021 City/State and Zip Code SSING@GMAIL.COM ail address: (to be used for future annual report notification) ter, please call: 954 at (1745
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
			-	
Division of Corporations PAVO PROCESSING, LLC Name of Limited Liability Company The enclosed Articles of Amendment and feets1 are submitted for filling. Please return all correspondence concerning this matter to the following: THERESA NALLY Name of Person PAVO PROCESSING, LLC Firm/Company 4346 FICUS ST. Address HOLLYWOOD, FL 33021 City/State and Zip Code PAVOPROCESSING@GMAIL.COM B-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THERESA NALLY 21 954 319-4584 Area Code Disylining Telephone Number Enclosed is a check for the following amount: Exception of Person Certificate of Status Certificate Copy radditional copy is enclosed) Mailing Address: Street Address:				
			Name of Person	
		PAVO PROCESSING, LI	_C	
			Firm/Company	
		4346 FICUS ST.		
			Address	
		HOLLYWOOD, FL 3302	1	
		PAVOPROCESSING@GM		
		ROCESSING, LLC Name of Limited Liability Company If Amendment and fee(s) are submitted for filing. Condence concerning this matter to the following: THERESA NALLY Name of Person PAVO PROCESSING, LLC Firm/Company 4346 FICUS ST. Address HOLLYWOOD, FL 33021 City/State and Zip Code PAVOPROCESSING@GMAIL.COM E-mail address: (to be used for future annual report notification) concerning this matter, please call: 1954 319-4584 at (Area Code Daytime Telephone Number the following amount: S30.00 Filing Fee & Certificate of Status Certified Copy tadditional copy is enclosed) ESS: Street Address:		
For further	information co	oncerning this matter, please c	all:	
THERESA	NALLY		endment and fee(s) are submitted for filing. nee concerning this matter to the following: THERESA NALLY Name of Person PAVO PROCESSING, LLC Firm/Company 4346 FICUS ST. Address HOLLYWOOD, FL 33021 City/State and Zip Code PAVOPROCESSING@GMAIL.COM E-mail address: (to be used for future annual report notification) erning this matter, please call: at (Area Code Daytime Telephone Number) Dillowing amount: \$\int \$30.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} Street Address:	
	Name of	f Person	Area Code Daytir	me Telephone Number
Enclosed is	a check for th	ne following amount:		
≅ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ection

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



PAVO PROCESSING, LLC

2021 00T 22 PH 12: 35

(Name of the Elimited	A Florida Limited Lia	bility Company)	in records.	JE STAVE
The Articles of Organization for this Limited Lial		ere tiled on <u>9/11/202</u>	21	and assigned
Florida document number L21000403819	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liabili	v company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability	Company," the designa	tion "LLC" or the ab	breviation "L.I .C."
Enter new principal offices address, if applicat	ble:			
(Principal office address MUST BE A STREET	<u>'ADDRESS)</u>	· · · · · · · · · · · · · · · · · · ·		
	•			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			
				
B. If amending the registered agent and/or regagent and/or the new registered office address		dress on our record	ls, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida str	eet address	
	**************************************	City	Florida	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	· · · ·		224
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being 2 d to merely reflect a change in the recompass. acts been notified in writing of this change in the compass.	and complete po ered agent as pro gistered office ac	rformance of my d wided for in Chapt	luties, and I am f er 605, F.S. Or,	familiar with and if this document is

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

Title	Name	Address	Type of Action
MGR	THERESA NALLY	4346 FICUS ST. HOLLYWOOD, FL 33021	□Add
			□Remove
			Change
			□Add
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Effective date, if other than the characteristic date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	be specific and cannot be prior to ck does not meet the applicab	date of filing or more than 9	(optional) 0 days after filing.) Pursuant to 60: ments, this date will not be list	5.0207 ted as
r regord specifies a delayed effective d is filed.	date, but not an effective tim	ne, at 12:01 a.m. on the ea	rlier of (b). The 90th day afte	er the
OCTOBER 20	. 2021			
Treessa	M Oal	Qu.	L	
THERESA NALLY	ignature of a member or authori	ized tepra intative of a mem	per	
CONTRACT CONTRACT	Typed or printed	name of signer		

Filing Fee: \$25.00