K21000454722

(Requestor's Name)
	Address)
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	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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C. BRUMBLEY
NOV - 4 2021

COVER LETTER

Division of Cor			
PAW GRII	PZ, LLC.		
	Name of Lim	ited Liability Company	
closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
return all correspo	ondence concerning this matter	to the following:	
,	Milton A Ramos		
		Name of Person	
	PAW GRIPZ, LLC.		
		Firm/Company	
!	8591 W 33 AVE		
		Address	
	Hialeah, FL 33018		
		City/State and Zip Code	
	imeza@bmtaccountingserv		
		to be used for future annual report notific	ation)
'	oncerning this matter, please c	all:	
Meza		305 439-2635 at ()	
Name o	f Person	Area Code Daytime T	elephone Number
ed is a check for the	ne following amount:		
5.00 Filing Fee	S30.00 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 enclose
Mailing Addres Registration S		<u>Street Address:</u> Registration Secti	on
Division of Corporations		Division of Corpo	
P.O. Box 632 Tallahassee, I		The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	Street, Suite 810
			-

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	y Company as it now appears on our records)
(A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/19/2021 and assigned
Florida document number L21000454722	<u>_</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	ESSS) = 3
İ	
	25
Enter new mailing address, if applicable:	Sec. De III
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	
	office address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
!	Enter Florida street address
<u> </u>	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and conscept the obligations of my position as registered ago	and agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is I office address, I hereby confirm that the limited liability
1	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 remov	ed from our records:		
	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
Р	Milton A Ramos	8591 W 33 Ave	■Add
	'	Hialeah, FL 33018	Remove
			Change
P	Milton F Ramos	8591 W 33 Ave	□Add
		Hialeah, FL 33018	Remove
			□ Add
	ı		□Remove
	1		E.C.

			_ □Change
Р	Milton F Ramos	8591 W 33 Ave	_ □Add
		Hialeah, FL 33018	_ ≡ Remove
			_ □Change
	;		🗆 Add
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			_ □Change
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If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ve date, if other than the date of filing: 10/19/2021 (optional) ective 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 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ent's effective date on the Department of State's records.
ie recon ord is fi	d 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 ed.
Dated	10/20 2021 Olitta Romos
	Signature of a member or authorized representative of a member
	Wilton A Ramos Typed or printed name of signee

Filing Fee: \$25.00