## KZ1000524810

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## **COVER LETTER**

то:	Registration Se Division of Gor		, r	9 ,
	Papi's Gift,	tìc	1 **	
SUBJE			ited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	etum all correspo	ndence concerning this matter	to the following:	
		Enrique S. Rodriguez		
			Name of Person	
		Papi's Gift, LLC		
		<del>,,,,</del>	Firm Company	<del></del>
		1455 Eastport Road		
			Address	
		Jacksonville, Florida 3221	8	
		ana@seaporttrucking.com	City/State and Zip Code	
For furth	ner information ec	E-mail address; concerning this matter, please co	to be used for future annual report no ill:	((fication)
Brian N	fathis		954 616-4404	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed	3 is a check for th	e following amount:		
□ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional ropy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ÁRTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Papi's Gift, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Comparellorida document number $\frac{1.21000524810}{1.000524810}$ .	ny were filed on December 13, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited ha	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LLC" or the	abbreviation "E.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Manag adapts Mer Dr. A 1 031 OF FICE DON		
	<del></del>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the na</u>	me of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	Zip 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	Heriberto Gonzalez-Quevedo	269 NW 125th Avenue	■Add
		Miami, Florida 33182	□Remove
			□Change
	<del></del>		
			□Remove
			□Change
			□ Add
		<del></del>	□Remove
			□ Change
<del></del>			Cladd
			☐Remove
			□Change
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(H an ef <u>Note:</u>	tive date, if other than the date ffective date is listed, the date must be spartly lift the date inserted in this block denent's effective date on the Depart	necific and cannot be prior to oes not meet the applical	date of filing or more than t	90 days after filing.) Pursuant te	o 605.0207 (3)ft listed as the
If the recor	ord specifies a delayed effective date filed.	thut not an effective time	e, at 12:01 a.m. on the ea	arlier of: (b) The 90th day	after the
f S	February 17	2022			
Dated	February 17	·	<u>.</u> ·		
	Signa	ture of a member or author	zed representative of a men	nber	_
	Enrigue S. Rodriguez, Author	Smal March			
	congue 3. Nounguez, Aumoi	rizeu ivieilloet			

Filing Fee: \$25.00