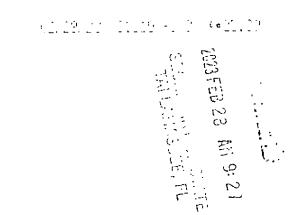
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## **COVER LETTER**

	Registration Se Division of Cor			
	Pegava. LL	.c ·		
SUBJEC	ΣΓ:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Isa Peguero Friedman		
		<u></u>	Name of Person	
		Pegava, LLC		10 Pu
Firm/Company				2023770
		PO Box 260358		15 (c) (c)
			Address	
Pembroke Pines, FL 33026				
			City/State and Zip Code	77.
		E-mail address: (	to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please c	all:	
			at ()	
	Name o	d Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check for the	he following amount:		
<b>\$</b> \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		<u>Street Address:</u> Registration Se	ction
Registration Section Division of Corporations		Division of Cor		
	P.O. Box 632	27	The Centre of T	
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pegava, LLC	
(Name of the Limited Liability C (A Florida Lin	lompany as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability ComFlorida document number $\frac{1.22000014292}{}$ .	ipany were filed on 01/06/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	I liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRES	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	F : 12
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

## 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.

City

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

AMBR Isa Peguero Friedman PO Box 260358  Pembroke Pines, FL 33026	□Add Remove □Change
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ecord specifies a delayed effi is filed.	ective date, but	t not an effect	ive time, at 1;	2:01 a.m. on t	ne earlier of: (l	b) The 90th	day after th
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