

K22000114586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

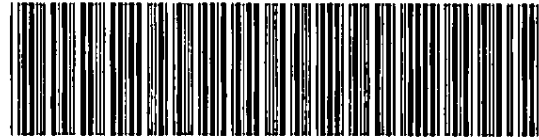
(Document Number)

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2022 AUG -1, PM 3:15

CLERK, DISTRICT COURT

Amend

AUG 19 2022

D. CUSHING

14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PICHARDO ECOM ENTERPRISE LLC

DOCUMENT NUMBER: L22000114586

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HECTOR PICHARDO

Name of Contact Person

PICHARDO ECOM ENTERPRISE LLC

Firm/ Company

205 SHOREVIEW DR

Address

GREENACRES, FL 33463

City/ State and Zip Code

pichardoecomm@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hector A Pichardo

Name of Contact Person

at 561

8083836

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address:

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

Street Address:

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

2022 AUG -4 PM 3:15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

AUG 4 2022

July 25, 2022

HECTOR PICHARDO
205 SHOREVIEW DR
GREENACRES, FL 33463

SUBJECT: PICHARDO ECOM ENTERPRISE LLC
Ref. Number: L22000114586

We have received your document for PICHARDO ECOM ENTERPRISE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA NON-PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 522A00016571

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PICARDO Ecom ENTERPRISE 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 03/07/2022 and assigned
Florida document number L22000114586.

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.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)

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:

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Hector Pichardo	205 Shoreview DR	<input checked="" type="checkbox"/> Add
		Greencules, FL 33463	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sabrina Castellanos-Parr	2044 7th Ct S	<input type="checkbox"/> Add
		Lake Worth, FL 33461	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

Dated 09/01/2022 , _____

Hector Richards
Signature of a member

Signature of a member or authorized representative of a member

Hector Pichardo

Typed or printed name of signee

Filing Fee: \$25.00