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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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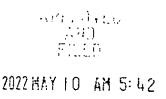
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COVER LETTER

| TO: | Registration Se Division of Cor | porations | | ż |
|-----------------|---------------------------------------|--|--|---|
| SUBJE | PAOGOD I | | • | |
| SOBJE | · · · · · · · · · · · · · · · · · · · | Name of Lim | ited Liability Company | |
| The encl | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspo | indence concerning this matter | to the following: | |
| | | Henjennys Paola Alvarez / | Amador | |
| | | | Name of Person | _ |
| | | PAOGOD LLC | | |
| | | | Firm/Company | |
| | | 11700 SW 2ND ST BLDG | J 13 APT 103 | |
| | | | Address | , |
| | | PEMBROKE PINES,FL 3. | 3025 | |
| | | | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notifica | tion) |
| For furth | ner information co | oncerning this matter, please ca | all: | |
| Henjenn | iys Paola Alvarez | : Amador | 954 859-7334 at () | |
| Name of Person | | f Person | Area Code Daytime To | elephone Number |
| Enclosed | d is a check for th | ne following amount: | | |
| □ \$ 25. | .00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration S | | Street Address: Registration Section | on |

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 OF



PAOGOD LLC

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

| lorida document number L22000134038 | _ · | | | |
|---|---------------------------------|-----------------------------|------------------------------------|--------------------|
| his amendment is submitted to amend the following | ng: | | | |
| . If amending name, enter the new name of the | e limited liab | ility company he | <u>re</u> : | |
| he new name must be distinguishable and contain the words | "Limited Liabil | lity Company," the de | Signation "LLC" or the abb | reviation "L.L.C." |
| nter new principal offices address, if applicable: | | 11700 SW 2ND | ST_BLDG 13 APT 103 | |
| Principal office address MUST BE A STREET ADDRESS) | | PEMBROKE PINES,FL 33025 | | |
| nter new mailing address, if applicable: <u> **Idalling address MAY BE A POST OFFICE BOX**</u> | | 11700 SW 2ND PEMBROKE PE | ST_BLDG 13 APT 103 NES,FL 33025 | |
| 3. If amending the registered agent and/or registered and/or the new registered office address he Name of New Registered Agent: | | nddress on our re | cords, <u>enter the name</u> | of the new regist |
| | 11700 SW 2ND ST_BLDG 13 APT 103 | | | |
| New Registered Office Address: | | | da street address | |
| | PEMBROKE PINES | | Florida 33025 | |
| P | EMBROKE P | INES | , Florida <u>3303</u> | 25 |

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 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 |
|--------------|--------------------------------|---------------------------------|-----------------|
| MGR | Henjennys Paola Alvarez Amador | 11700 SW 2ND ST_BLDG 13 APT 103 | □Add |
| | | PEMBROKE PINES,FL 33025 | □Remove |
| | | | ≘ Change |
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| Effective date, if other than the date of filing: 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 tiling.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. Here coord 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 ord is filed. Dated APRIL 26TH 2022 Here was a factor of a member or authorized representative of a member | | | | | | | |
|--|--|----------------------|---------------------|----------------------|------------------------|------------------------|---------------------------|
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Filing Fee: \$25.00