K22000167746

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TALLAHASSEE FLORIDA

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations					
	BUTIONS & SERVICES LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Jose Jaramillo					
	Name of Person					
	JJ DISTRIBUTIONS & SERVICES LLC					
	Firm/Company					
	32 TOLEDO COURT					
	Address					
	DAVIE, FL 33324					
		City/State and Zip Code				
	joseejarar@gmail.com					
	E-mail address: (to be used for future annual report not	ification)			
For further information of	oncerning this matter, please co	all:				
Jose Jaramillo		954 889-4455 at ()				
Name of Person			ne Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$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		Street Address:				
Registration Section		Registration Section Division of Corporations				
Division of Corporations P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JJ DISTRIBUTIONS & SERVICES L	LC	등 등 등
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
Λ)	Florida Elimited Clability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on 04/07/2022	and assigned.
Florida document number L22000167746		Sim or
Florida document number	.	,-
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
Paco Supply LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reg	istered office address on our records, enter the na	me of the new registered
agent and/or the new registered office address		
Name of New Registered Agent:		
Name of New Registered rigests.		
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>	Name	Address	Type of Action
MGR Jo	Jose Jaramillo	32 TOLEDO COURT	= Add
		DAVIE, FL 33324	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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