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2027 JUN 27 AM 8: 20

COVER LETTER

· TO: Registration Section

Division of Corporations

	T PAZ SERVICES, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JOSE C	5 PAZ		
•		Name of Person		
	<i></i>	se The		
		Firm/Company		
	210 SW 2	ND CT APT 2		
		Address		
	DOMB	ANO UL 22040		
	rosir.	ANO. FL 33060		
	Y 4 20083 7244 A	City/State and Zip Code		
		AX@HOTMAIL.COM to be used for future annual report not	. F	
		·	meanon)	
For further information c	oncerning this matter, please c	all:		
JOSE G PAZ		917 651-13.	28	
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne 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 Registration S		<u>Street Address:</u> Registration Sc	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 27 AM 8: 26 EXCELENT PAZ SERVICES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 06/01/2022 The Articles of Organization for this Limited Liability Company were filed on _ and assigned Florida document number _____L22000252353 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EXCELLENT PAZ SERVICES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 210 SW 2ND CT APT 2 Enter new principal offices address, if applicable: POMPANO, FL 33060 (Principal office address MUST BE A STREET ADDRESS) 210 SW 2ND CT APT 2 Enter new mailing address, if applicable: POMPANO: FL 33060 (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

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
			□Add
			□Remove
			□ Change
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V ffactive	date, if other than the date of filing: (options)	onal)	
[If an effecti <u>Note:</u> If t	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this is effective date on the Department of State's records.	filing.) Pursuant to 60:	5.0207 (3 sed as th
ne record s ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
Dated	06/20/2022 - fort 5 los.		
	Signature of a member or authorized representative of a member		
	JOSE G. PAZ		
	Typed or printed name of signee		