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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Dasiness Emily Hame)
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COVER LETTER

SUBJECT:	DIANA BA	ARBOZA LLC				
oobsec1.		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	· ·			
r rease return	an correspon	ndence concerning this matter	to the following.			
		DIANA BARBOZA				
			Name of Person			
		DIANA BARBOZA LLC				
			Firm/Company			
		500 BRICKELL AVE # 16	507			
			Address			
		MIAMI FL 33131				
	City/State and Zip Code					
		dianabarboza@paotistore.co				
	4 .		to be used for future annual report not	ification)		
For further in	iformation co	oncerning this matter, please ca	all:			
DIANA BARBOZA			+57-317 644-3832			
Name of Person		at () Area Code Daytin	ne Telephone Number			
Enclosed is a	check for the	e following amount:				
≅ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:		Street Address:				
Rec	sistration S	ection	Registration Se	ction		

Registration Section Division of Corporations P.O. Box 6327

or of the

Registration Section Division of Corporations

TO:

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

DIANA BARBOZA LLC			
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	прапу as it now appears on our recor ed Liability Company)	rds.)	
The Articles of Organization for this Limited Liability Compa	any were filed on06/21/2022		and assigned
Florida document number L22000282203			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
PAOTI LLC			
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LL	.C" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS			
		- (7) (11)	202
Enter new mailing address, if applicable:			E TI
Mailing address MAY BE A POST OFFICE BOX)		-	
		207	- III
		<u> </u>	
3. If amending the registered agent and/or registered offic	ce address on our records, ente	r the name of	oo `tbr new registe
igent and/or the new registered office address here:	<u></u>	mi	N
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	F	lorida	
	City		Lip 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>	Address	Type of Action
			□Remove
			□Change
			
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _____ (optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. MARCH 1 2023 Dated _____ Signature of a member or authorized representative of a member DIANA BARBOZA Typed or printed name of signee

THE PASSON