# L22000353648

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	
,	,	,
PICK-UP	WAIT	MAIL
_	_	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
Special instructions to	rining Officer.	
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Office Use Only



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SECRETARY OF STATE CORPORATIONS
2022 AUG 22 AM 11: 20:

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## **COVER LETTER**

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TO: Registration Section			
Division of Corpor	ations		
SUBJECT:	) Hra Pancho Name of Limi	LL C ited Liability Company	
	- · · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
_		larc Winkler	
		Name of Person	
_	UH	tra Pancho LLC	
		Firm/Company	
_	16721 Par	K Centre Blu	à
		Address	
_	Miami	Gardens Fl =	33169
		City/State and Zip Code	<del></del>
	marcwi	inkler 83@hotmai	1. com
<del></del>	E-mail address: (to	o be used for future annual report notifica	tion)
For further information conce	rning this matter, please ca	ll:	
Marc W	inK/cr	at ( <u>786</u> ) 329-15 Area Code Daytime Te	714
Name of Per	son	Area Code Daytime Te	elephone Number
Enclosed is a check for the fol	llowing amount:		_
\$25,00 Filing Fee	330.00 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahannaa El 20214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

()/+	apancho LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number <u>L 2206035</u>	Company were filed on <u>08/1</u>	5/2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADI	ORESS)	
	<del>, , , , , , , , , , , , , , , , , , , </del>	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· 
B. If amending the registered agent and/or register agent and/or the new registered office address here		enter the name of the new registered
Name of New Registered Agent:		<del>-,</del>
New Registered Office Address:		
	Enter Florida str <del>eet</del>	address
<del></del>	City	, Florida Zip Code
	sore,r	zap couc

### 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
MGR	Jonathan Kadoch	19410 40th ct Golden Beach, Fl 331	XAdd
		Golden Beach, Fl 331	60 □Remove
		□ Change	
			□ Add
			□Remove
	<del></del>		□ Add
		····	□Remove
		□ Change	
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			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(Ifan efTect <u>Note:</u> If	ive date, if other than the date of filing:
	of the date of the Department of State 3 records.
If the record s record 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 the
Dated	08/18/2022
	MA STATE OF THE PARTY OF THE PA
	Signature of a member or authorized representative of a member
	Typed or printed name of signee