Florida Department of Stage

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(((H22000304412 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

78

Account Name : AB ALL SERVICES INC

Account Number : I20200000155 Phone : (305)882-1238

Fax Number

: (305)882-1260

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email #	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PARDO ORTIZ LLC

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September 6, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PARDO ORTIZ LLC 3122 SILVERMILL LOOP LAND O'LAKES LAND O'LAKES, FL 34638

SUBJECT: PARDO ORTIZ LLC

REF: L22000361638

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator FAX Aud. #: H22000304412 Letter Number: 522A00019790 Registration Section

Tallahassee, FL 32314

TO:

COVER LETTER

Điv	ision of Cor	porations				
SUBJECT:	Pardo Ortiz	LLC				
SUBJECT:	_	Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Carlos Alfredo Pardo Gonz	zalez			
			Name of Person			
			Firm/Company		··	
		3122 SILVERMILL LOOP	p			
			Address			
		Land O lakes, Fl, 34638				
		epardo@aciclcolombia.com	City/State and Zip Code			
		· · · · · · · · · · · · · · · · · · ·	to be used for future annual	report notifica	tion)	
For further i	nformation c	oncerning this matter, please c	all:			
Carlos Alfre	edo Pardo Go	nzalcz	+57 (320) 687 at ()	71210		
	Name o	f Person	Area Code	Daytime To	elephane Number	
Enclosed is	a check for th	ne following amount:				
□ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Re	iling Addres	Section	_	ation Section		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pardo Ortiz LLC						
(Name of the Lim	(A Florida Limited	ny as it now appears on our r Liability Company)	ecords.)			
The Articles of Organization for this Limited I	Liability Company	were filed on <u>08/17/2022</u>		and	d assig	ıned
Florida document number L22000361638						
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
CRSONE INVESTMENTS LLC						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or th	ie abbreviatio	n "L.L.	.C."
Enter new principal offices address, if appli	cable:	3122 SILVERMILL LOC	P, LAND	o lakes,	PL, 34	638
(Principal office address MUST BE A STRE	ET ADDRESS)					
				<u> </u>		<u></u>
.		3122 SILVERMILL LOC	P. LAND	O LAKES.	FL. 34	638
Enter new mailing address, if applicable:		7.12 0.5 0.1111.55 50 5				
(Mailing address MAY BE A POST OFFICE	E BOX)					
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, e	enter the r	name of the	е пеw ~	<u>registere</u>
Name of New Registered Agent:	Sebastian Parde	0		25 - 6	022 \$	
New Registered Office Address:	3122 SILVERN	MILL LOOP			£6-	<u> </u>
_		Enter Florida street d	iddress		7	EX.
	LAND O LAK	ĽS	_, Florida	34638	R	<u>~</u>
		Clty		⊃ -24 ρ (ade	C
New Registered Agent's Signature, if changing	Registered Agent:	•		で開	26	

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

Title	Name	Address	Type of Action
CEO	CARLOS A PARDO GONZALEZ	3122 SILVERMILL LOOP	□Add
		LAND O LAKES, FL, 34638	■ Remove
			□Change
AR	Schastian Pardo	3122 SILVERMILL LOOP	© Add
		LAND O LAKES, FL, 34638	□ Remove
			Change
		····	Remove
			Change
			DAdd
			□Remove
			Change
			DAdd
			Remove
			Change
			Псточе
			□Change

amending any other informati	on, enter change(s) here	: (Attach additiona	l sheets, if necessary.)	
				
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ffective date, if other than the dan effective date is listed, the date must lote: If the date inserted in this blococument's effective date on the Dep	ck does not meet the applica	able statutory filing re	(optional) than 90 days after filing.) Pequirements, this date w	ursuant to 605.0207 (ill not be listed as tl
record specifies a delayed effective is filed.	date, but not an effective ti	me, at 12:01 a.in. on t	the earlier of: (b) The S	90th day after the
ated September 1st	2022	_ .		
	. ^	Sode		
S	ignature of a member or autho	orized representative of i	niember	
Carlos A Pardo Gonzalez				
	Typed or printe	ed name of signee	-	

Filing Fee: \$25.00