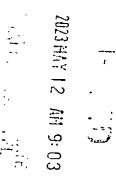
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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
		
Special Instructions to I	Filing Officer:	



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Office Use Only

Ch 4/8/2023

COVER LETTER

TO:

Registration Section

Division of Cor	rporations				
Pak Addie	z L.L.C.				
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:			
	Carlos Orellano				
		Name of Person			
	ZenBusiness INC				
		Firm/Company			
	336 E. College Ave Suite	301			
		Address			
	Tallahassee, FL 32301				
		City/State and Zip Code			
	fulfillment@zenbusiness.co	om to be used for future annual report not	ification		
For further information c	oncerning this matter, please c				
Carlos C/O ZenBusiness, Inc.		844 493-6249			
Name of Person		at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	S30.00 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		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 MAY 12 AM 9: 03

Pak Addictz L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2022-08-31 and assigned Florida document number 1.22000383170

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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
AMBR	Dylan Moss	758 Ellingsen Avenue	≣ Add
		Sebastian, FL 32958	□Remove
			□Change
			🗀 Add
			□Remove
			☐ Change
	·		□Add
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D. If amending any other infor			•	
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S. F.C d			, b	
C. Effective date, if other than to (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and cannot be p s block does not meet the ap	prior to date of filing or m oplicable statutory filin		
the record specifies a delayed effection is filed.	tive date, but not an effective	ve time, at 12:01 a.m.	on the earlier of: (b) The 9	0th day after the
Dated	. 2023	·		
/s/ Jared Doss	Kimble			
	Signature of a member or a	authorized representative	of a member	
Jared Doss Kimble,				
	Typed or r	nrinted name of signee		

Filing Fee: \$25.00