

L22000 507 502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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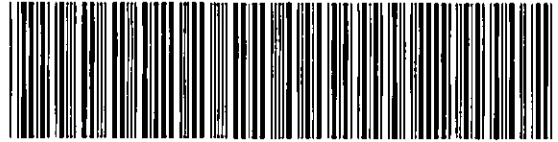
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
HALLMARK E.F.C.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PATILO VENTURES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHEN GUERRERO

Name of Person

GUERRERO LAW GROUP PLLC

Firm/Company

6625 MIAMI LAKES DR SUITE 310

Address

MIAMI LAKES FL 33014

City/State and Zip Code

SGUERRERO@THEGUERREROLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN GUERRERO

Name of Person

at ( 305 )

Area Code

4886250

Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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JUL 15 PM 2:38  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PATILO VENTURES LLC

(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 DECEMBER 2ND 2022 and assigned Florida document number 122000507502

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

6625 MIAMI LAKES DR SUITE 310

MIAMI LAKES FL 33014

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6625 MIAMI LAKES DR SUITE 310

MIAMI LAKES FL 33014

**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:

GUERRERO LAW GROUP PLLC

New Registered Office Address:

6625 MIAMI LAKES DR SUITE 310

Enter Florida street address

MIAMI LAKES

City

Florida

FL 33014

Zip 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.*

STEPHEN GUERRERO

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>	<u>Address</u>	<u>Type of Action</u>
AR	DIAZ, DIEGO R	2590 NW 105TH LN	<input type="checkbox"/> Add
		SUNRISE FL 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THE DIAZ REVOCABLE	6625 MIAMI LAKES DR SUITE 310	<input checked="" type="checkbox"/> Add
	LIVING TRUST	MIAMI LAKES FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2024 JUL 15 11:00 AM  
SECRETARY OF STATE

2024 JUL 15 PM 2:38  
SUNY ALBANY

(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)

**Filing Fee: \$25.00**