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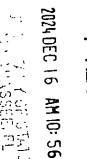
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
PVA Enter			
SUBJECT:	Name of Lim	ited Liability Company	
The analoged Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter		
	Paul Alessi		
		Name of Person	
	PVA Enterprises LLC		
		Firm/Company	·
	1201 S. Roxmere Rd.		
		Address	
	Tampa, FL 33629		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Paul Alessi		813 3178243	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address: Registration Se	ction
Registration Division of 0		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	Callahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PVA Enterprises LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our reco Liability Company)	rds.)		
The Articles of Organization for this Limited Liability Company were filed on 12/20/2022 Florida document number L22000532043				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L1			
Enter new principal offices address, if applicable:	1201 S. Roxmere Rd.	2024		
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33629	E E		
	-	5 5 1		
Enter new mailing address, if applicable:	1201 St Roxmere Rd.	AH a		
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33629	56		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	er the name of the new regi		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addr	ress		
	. 1	Florida		
	City	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.

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
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			🗀 Add
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			□Remove
			□Change

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				_
Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blo	the specific and cannot be prior ock does not meet the application.	able statutory filing require	(optional) 90 days after filing.) Pursuant to ements, this date will not be	605.0207 (listed as t
locument's effective date on the De	partment of State's records.			
record specifies a delayed effective d is filed.	date, but not an effective ti	me, at 12:01 a.m. on the ea	arlier of: (b) The 90th day :	after the
December 10	2024	·		
	/]			
Mau	Mari			-
Kau	Signature of a member or author	orized representative of a mer	nber	-