



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000314699 3)))



H230003146993ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PAR GROUP USA, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2023 SEP -7 PM 7:04

RECEIVED

2023 SEP -7 PM 4:56

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

2023 SEP 8

11

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

PAR GROUP USA, 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 02/08/2023 and assigned Florida document number L23000060042.

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 end with 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)

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 Office Address:

Enter Florida street address

City, Florida

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	PABLO F ROJAS	7547 WEST 24TH AVE STE 100	<input type="checkbox"/> Add
		HIALEAH, FL. 33016	<input checked="" type="checkbox"/> Remove
MGR	JUAN M JIGENA	7547 WEST 24TH AVE STE 100	<input type="checkbox"/> Add
		HIALEAH, FL. 33016	<input checked="" type="checkbox"/> Remove
MGR	MARIO V MARQUEZ	7547 WEST 24TH AVE STE 100	<input type="checkbox"/> Add
		HIALEAH, FL. 33016	<input checked="" type="checkbox"/> Remove
MGR	ROBINSON O AVILA ALMAO	7547 WEST 24TH AVE STE 100	<input type="checkbox"/> Add
		HIALEAH, FL. 33016	<input checked="" type="checkbox"/> Remove
MGR	PABLO F ROJAS	7547 WEST 24TH AVE STE 100	<input checked="" type="checkbox"/> Add
		HIALEAH, FL. 33016	<input type="checkbox"/> Remove
MGR	JUAN M JIGENA	7547 WEST 24TH AVE STE 100	<input checked="" type="checkbox"/> Add
		HIALEAH, FL. 33016	<input type="checkbox"/> Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MBR	ROBINSON O AVILA ALMAO	7547 WEST 24TH AVE STE 100	<input checked="" type="checkbox"/> Add
		HIALEAH, FL. 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBRE 07 2023



Signature of a member or authorized representative of a member

JUAN M JIGENA

Typed or printed name of signee