

L23 000060042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

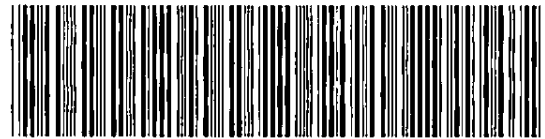
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 AUG 20 PM 1:54
CLERK OF STATE
TALLAHASSEE, FL

7711670

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAR GROUP USA, L.L.C.

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:

ADRIANA MARQUEZ

Name of Person

ACMM CONSULTING, INC

Firm/Company

7791 NW 46TH STREET, SUITE 206

Address

DORAL, FL 33166

City/State and Zip Code

adriana@acmmconsulting.com

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

For further information concerning this matter, please call:

ADRIANA MARQUEZ

786 420-2541
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

2024 AUG 20 PM 1:54
STATE
TALLAHASSEE, FL

FILED

**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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8869 NW 103RD PL.

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33178

Enter new mailing address, if applicable:

8869 NW 103RD PL.

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33178

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:

GABRIELA PENA

New Registered Office Address:

8869 NW 103RD PL

Enter Florida street address

DORAL

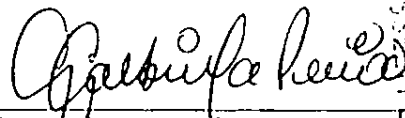
Florida 33178

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 Changing Registered Agent, Signature of New Registered Agent

2023 FEB 10 PM 1:54
NOTARIAL
STAMP

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> |
|--------------|--------------------------|-----------------------------|--|
| MGR | PABLO F ROJAS | 7547 W. 24TH AVE., STE. 100 | <input type="checkbox"/> Add |
| | | HIALEAH, FL 33016 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | JUAN M JIGENA | 7547 W. 24TH AVE., STE. 100 | <input type="checkbox"/> Add |
| | | HIALEAH, FL 33016 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | GABRIELA J PENA GONZALEZ | 8869 NW 103RD PL | <input checked="" type="checkbox"/> Add |
| | | DORAL, FL 33178 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | ROBINSON O AVILA ALMAO | 8869 NW 103RD PL | <input type="checkbox"/> Add |
| | | DORAL, FL 33178 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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2024 JUN 28 PM 4:54
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FL

