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(Requ	iestor's Name)
(Addre	ess)
(Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ness Entity Name)
(Docu	ament Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer:
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COVER LETTER

TO: Registration Section Division of Corporations			•
SUBJECT: AJZ RO	Name of Limited Liability	Company (10
The enclosed Articles of Amendment and	fee(s) are submitted for fi	ling.	
Please return all correspondence concerni			
	CEST Name	of Person	oc.
	1 2 Programme	0055000 Lompany	Sarves (10
	508 6E 174	in Ave	
	City/State a	and Zip Code	339010 agmal.com
For further information concerning this m	atter, please call:		
Name of Person	at (Ar	rea Code Day	0 - 5135 vtime Telephone Number
Enclosed is a check for the following amo	unt:		
2 \$25.00 Filing Fee	e of Status Certit	O Filing Fee & fied Copy onal copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address	<u>:</u>

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company velorida document number 12200 193165.	vere filed on O4/19/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
PAZ Wotora Sens	ico IIC
The new name must be distinguishable and contain the words. Dimited Liabilit	y 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)	336 Fran Blad # 1311 Get Muses
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	idress on our records, enter the name of the new registered
Name of New Registered Agent:	2 92 B
New Registered Office Address:	Enter Florida street address
	Pleridayo 🔻 🎹
No Design and American Co.	Cuy Zin Ode
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the oppointment as registered agent and agree	e 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	
		□Remove	
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			□ Change

_	the address also
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	Lew Orlles
	3,36 Fran Rin
_	4-1311 Trut Mas
_	71 2395
~	Thank (QC)
-	TI BAILD BLO
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_	
Effecti	ve date, if other than the date of filing:
NOIC:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the rec) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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