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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

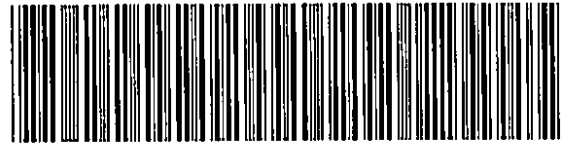
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2023 MAY 26 PM 1:11
SECRET
ITALIA/2023

FILED



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pavilion Equity 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:

Luis Miguel Sotillo Johnson
Name of Person
Pavilion Equity LLC
Firm/Company
1010 Brickell Ave, 2606
Address
Miami, FL #33131
City/State and Zip Code
LS @ Pavilion Equity. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Miguel Sotillo Johnson at (561) 997-4960
Name of Person Area Code 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

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

Pavilion Equity LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2023 MAY 26 PM 1:11

SECRETARY
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 4/24/2023 and assigned Florida document number L 23000200 906

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)

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

_____, 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 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>
MGR	Gianpaolo Contatti	1010 Brickell Ave	<input type="checkbox"/> Add
		#2606	<input checked="" type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
MGR	Franco Lopez	1010 Brickell Ave	<input type="checkbox"/> Add
		#2606	<input checked="" type="checkbox"/> Remove
		Miami, FL - 33131	<input type="checkbox"/> Change
MGR	Enrique Sylagun	1010 Brickell Ave	<input type="checkbox"/> Add
		#2606	<input checked="" type="checkbox"/> Remove
		Miami, FL - 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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)

Dated May 11th, 2023

Luis Miguel Solillo Johnson

Filing Fee: \$25.00

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2023 MAY 26

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		#2606	<input checked="" type="checkbox"/> Remove
		Miami, FL - 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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5.11.2023

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

May 11th : 2023

Lucy Miguel Solillo Johnson

Typed or printed name of signee

Filing Fee: \$25.00