

## L23000 201716

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## **COVER LETTER**

TO: Registration Section Division of Corporation Corporation (Corporation Corporation)	
SUBJECT: Paki	Name of Limited Liability Company
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	Name of Person  Dife Ventures  Firm/Company  6181 DW 134 DH  Address  Margare FL 33068  City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information con	cerning this matter, please call:
JaSmun Name of P	erson at (56) 690-9269 Area Code Daytime Telephone Number
Enclosed is a check for the	following amount:
S≥ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Paki MHP L	LC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears or ed Liability Company)	1 our records.)	
The Articles of Organization for this Limited Liability Comparellorida document number $\underline{L23000201716}$ .	ny were filed on/	124/2023	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited			eviation "L.L.C."
Enter new principal offices address, if applicable:	NA		<del></del>
(Principal office address MUST BE A STREET ADDRESS)			202
		···	<u> </u>
			H 27
Enter new mailing address, if applicable:	NA	· ·	
(Mailing address MAY BE A POST OFFICE BOX)	ddress, if applicable:  THE A STREET ADDRESS)  Tapplicable:  POST OFFICE BOX)  Tagent and/or registered office address on our records, enter the name of the new registered		
		·	? ?
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our reco	ords, <u>enter the name o</u>	of the new registered
Name of New Registered Agent: MA	<u> </u>		
New Registered Office Address: _NA	Enter Florida	street address	
	Enter Florida street address		
<del></del>	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:		

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.

NA	
If Changing Registered Agent	Signature of New Registered Agent

If amend	ved from our records: \	11.	age, enter the title, name, and address	of each person being added
	Manager = Authorized Member	1117		
<u>Title</u>	<u>Name</u>		Address	Type of Action
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neffective date is lister.  If the date ins	ther than the date of sted, the date must be specie serted in this block does e date on the Departmen	fic and cannot be prior to d not meet the applicable	late of filing or more than	(optional) 90 days after filing.) Pursuar ements, this date will not	n to 605.0207 be listed as
ecord specifies a c s filed.	lelayed effective date, bu	ut not an effective time.	, at 12:01 a.m. on the e	arlier of: (b) The 90th d	ay after the
ted <u>June</u>		2024			
		e of a member of authorize			
	1//////////////////////////////////////	# 210 C #			
	Signature	e of a member of authorize	ed representative of a mer	nber	