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COVER LETTER

TO: Registration So Division of Cor			
PDZ LENI	DING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Paula Stewart		
	-	Name of Person	
		Firm/Company	
	13411 Bouvardia Lane		
		Address	
	Port Charlotte, FL 33981		
	pedraza.pk@gmail.com	City/State and Zip Code to be used for future annual report noti	(tication)
For further information e	oncerning this matter, please c	·	
Paula Stewart		941 451-9095	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration 9		Street Address: Registration Se	ction
Division of C	orporations	Division of Cor	
P.O. Box 632	.7	The Centre of T	'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PDZ LENDING LLC			
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	ordy.)
The Articles of Organization for this Limited L	iability Company	were filed on 7/17/2023	and assigned
Florida document number 1.23000338442	,		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	oility company here:	
PDZ Investments LLC			
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the designation "L	LC" or the abbreviation "E \(\frac{1}{2} \).
Enter new principal offices address, if applic		No Change	A
(Principal office address MUST BE A STREET ADDRESS)			1 23-
Enter new mailing address, if applicable:		No Change	
(Mailing address MAY BE A POST OFFICE BOX)			7
B. If amending the registered agent and/or i	registered office	address on our records, ent	er the name of the <u>new registere</u>
agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	No Change		
New Registered Office Address:	No Change		
	-	Enter Florida street add	ress
		,	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 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>	Name	Address	Type of Action
MGR	Ana Maria Pedraza	12781 Terabella Way	■Add
		Fort Myers, Fl. 33912	□Remove
		.1.	
			□ Change
		<u> </u>	□Add
			□Remove
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fective	date, if other than the date of filing: (optional)	
	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	
	t's effective date on the Department of State's records.	
is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	y after inc
ated	July 20th . 2023	

Filing Fee: \$25.00