

L2400001SS 84

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

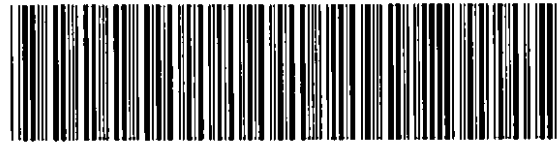
(Business Entity Name)

(Document Number)

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2024 JAN 30 AM 9:54

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ALLAHSEE, L. GRIFF

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PELCE 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:

PEDRO L CABRERA ESCALONA

\_\_\_\_\_  
Name of Person

PELCE LLC

\_\_\_\_\_  
Firm/Company

9731 BAXLEY LANE

\_\_\_\_\_  
Address

PORT RICHEY FL 34668

\_\_\_\_\_  
City/State and Zip Code

YALILI.ALFONSO@GMAIL.COM

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

For further information concerning this matter, please call:

YALILI ALFONSO

786 4616903  
at ( )

\_\_\_\_\_  
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

SECRETARY OF STATE  
TALLAHASSEE, FL

2025 JAN 30 AM 9:54

FILED

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

PELCE LLC

(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 JANUARY 05, 2024 and assigned  
Florida document number L24000015584.

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)

6500 TAGLEWOOD BAY DR

ORLANDO FL 32821

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6500 TAGLEWOOD BAY DR

ORLANDO FL 32821

**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

City, 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	PEDRO L CABRERAR ESCALO	9731 BAXLEY LN	<input type="checkbox"/> Add
		PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PEDRO L CABRERA ESCALON,	6500 TANGLEWOOD BAY DR	<input checked="" type="checkbox"/> Add
		ORLANDO,FL 32821	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE  
TALLAHASSEE, FL  
2022 JAN 20 AM 9:51  
JAN 20 2022

2074 JUN 30 AM 9:54  
SECRETARY'S OFFICE  
TALLAHASSEE, FLA.

2024 JUN 30 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLA

(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)  
 Note: If the date inserted in this block does not meet the applicable statute, the applicant must insert the date of filing.

Dated JANUARY 29 2024

*P. Escalera*

PEDRO L CABRERA ESCALONA

**Filing Fee: \$25.00**