

2/1/24, 12:05 PM

FAX AUDIT NUMBER H240000440603

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L240000440603

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((H240000440603)))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : DAVID TORCHIN, C.P.A., P.A.  
Account Number : 119990000027  
Phone : (354)323-6300  
Fax Number : (354)323-6301

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
PEDIGREE PARTNERS 2 LLC

Certificate of Status	0
Certified Copy	0
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T. LEMIEUX  
FEB -2 2024

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pedigree Partners 2 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:

Chris Pallas

Name of Person

Pedigree Partners 2 LLC

Firm/Company

1821 NE 42nd Street

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

cpallas976@aol.com

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

For further information concerning this matter, please call:

Chris Pallas

954 554-0759

BT ( )

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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pedigree Partners 2 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 01/25/2024 and assigned  
Florida document number L24000048225.

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

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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>
AP	Nicholas Dekranes	3973 Starfield Lane	<input type="checkbox"/> Add
		Las Vegas NV 89147	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Jerry Loffredo	6160 Gowan Road	<input type="checkbox"/> Add
		Las Vegas NV 89108	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Jason Bibliowicz	2697 Meadowood Dr	<input type="checkbox"/> Add
		Weston FL 33332	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Paul D McGrwaw	4800 Bayview Drive	<input type="checkbox"/> Add
		Fort Lauderdale FL 33316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Simons Chase	1901 Atlantic Blvd Unit 1	<input type="checkbox"/> Add
		Hallandale FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** 02/01/2024 (optional)  
(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 statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 01, 2024



Signature of a member or authorized representative of a member

Chris Pallas

Typed or printed name of signee

**Filing Fee: \$25.00**

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