## L24000052064

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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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4/14/24 KH

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	*Amendment and fee(s) are sub	omitted for filing.		
lease return all corresp	ondence concerning this matter	to the following:		
		ANA DA SILVA		
		Name of Person	<del></del>	
		JDK NETWORK LLC		
		Firm/Company		
	10	0893 NW 17TH ST UNIT 121		
		Address		
		DORAL, FL 33172		
		City/State and Zip Code		
		kdasilva@jdknetwork.com		
er further intermetion .	E-mail address: ( concerning this matter, please c	to be used for future annual report not	ification)	
	•		7771	
	A SILVA		7331 ne Telephone Number	
Name o	of Person	Area Code Daytim	ne Telephone Number	
iclosed is a check for t	he 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 Addre	<del></del>	Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAWT	Y IN THE PARK LLC	
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our i Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L24000052064</u>	Company were filed on $\frac{01/29/2024}{}$	and assigned
	<del></del> `	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDR	RESS)	
	<del></del>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, o	enter the name of the new register
gent and/or the new registered time address nere.		
Name of New Registered Agent:		
New Project of Office Address		
New Registered Office Address:	Enter Florida street	oddress
		Florida
<del></del> -	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>	Address	Type of Action
MGRM	PENA. MARLON	1657 N MIAMI AVE #604	□Add
		MIAMI, FL 33136	■Remove
			□Change
MGRM	BRUNO, GABRIELA	10893 NW 17TH ST UNIT 121	
		DORAL, FL 33172	□ Кепюче
			☐ Change
	<del></del>	<del></del>	□Add
			□Remove
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Signature of a member or authorized representative of a member	I an effe Note:   docume e record rd is file	ctive date is listed, the date must if the date inserted in this blo int's effective date on the Do specifies a delayed effective ed.	be specific and cook does not me partment of Sta	annot be prior to date set the applicable state's records.	of filing or more than 90 de atutory filing requirement	iys after filing.) Pursuan nts, this date will not	be listed as:
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