

L24000153877

Florida Department of State
Division of Corporations
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To:
Division of Corporations
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From:
Account Name : GUILLEN PUJOL CPAS
Account Number : I20240000045
Phone : (305)831-4093
Fax Number : (305)394-6501

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

Email Address: JREYES@GUILLENPUJOL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PASS ENT. VE LLC

Certificate of Status	1
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M. SOLOMON

MAY 20 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PASS ENT. VE 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 03/06/2024 and assigned Florida document number L24000153877.

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

City, Florida 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>
MGR	NESTOR GUILLEN	6161 Waterford District Dr.	<input checked="" type="checkbox"/> Add
		Suite 475, Miami, FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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FBI

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

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1.
2.
3.
4.
5.

E. Effective date, if other than the date of filing: _____ (optional)
(if an effective date is listed, the date must be specific and cannot be prior to date of filing)

Note: If the date inserted in this block does not meet the applicable state filing deadline, the filing is not timely.

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 17th of May 2024

Signature of a member or authorized representative of a member

Nestor Guillen

Typed or printed name of signee