## L2400024-1941

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations					
PAVIL O&	A LLC		,		
SUBJĖCT:	Name of Limi	ted Liability Company			
The analoged Assistance	Amendment and fee(s) are sub-	mitted for filing			
Please return all correspo	ondence concerning this matter	to the following:			
	OSCAR PAREDES TELL	EZ			
		Name of Person			
		Firm/Company			
		Address			
		City/State and Zip Code			
	E-mail address: (	to be used for future annual report no	tification)		
For further information	concerning this matter, please c	all:			
OSCAR PAREDES TELLEZ		786 2620531 at (			
Name (	of Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for t	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 Addre		Street Address:	· · · · · · · · · · · · · · · · · · ·		
Registration Section		Registration Section Division of Corporations			
Division of Corporations P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

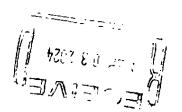
Tallahassee, FL 32303



August 15, 2024

OSCAR PAREDES TELLEZ 4300 BISCAYNE BOULEVARD SUITE 203 MIAMI, FL 33137

SUBJECT: PAVIL O&A LLC Ref. Number: L24000241941



We have received your document for PAVIL O&A LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 124A00018226

LET 0 3 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

222.5 -3 F.: 3:47 PAVIL O&A 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  $\frac{05/24/2024}{2}$ and assigned Florida document number L24000241941 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 \_\_\_ Cin 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
AMBR	ANNY AVILA ECHEVARRIA	4300 BISCAYNE BLVD SUITE 203	□Add
		MIAMI, FL 33137	Remove
			🗏 Change
MGR	OSCAR PAREDES TELLEZ	4300 BISCAYNE BLVD SUITE 203	
		MIAMI, FL 33137	□Remove
			■ Change
MGR	PAREDES TELLEZ, OSCAR O SI	4300 BISCAYNE BLVD SUITE 203	□ Add
		MIAMI, FL 33137	≅ Remove
			□Change
MGR	PAREDES TELLEZ, OSCAR O, S	4300 BISCAYNE BLVD SUITE 203	
		MIAMI, FL 33137	Remove
			□Change
MGR	PAREDES TELLEZ, OSCAR O. S	4300 BISCAYNE BLVD SUITE 203	
		MIAMI, FL 33137	Remove
			□ Change
MGR	PAREDES TELLEZ, OSCAR O, S	4300 BISCAYNE BLVD SUITE 203	□ Add
		MIAMI, FL 33137	■Remove

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Effective date, if other than the date if an effective date is listed, the date must be sp	of filing:ecific and cannot be prio	r to date of filing or	(option more than 90 days after	nal) filing.) Pursuant to 605.0207
Note: If the date inserted in this block do document's effective date on the Departn	oes not meet the appli	cable statutory fil	ing requirements, this	date will not be listed as
document's effective date on the Departit	nent of State 3 records	•		
e record specifies a delayed effective date	but not an effective	ime, at 12:01 a.m	i. on the earlier of: (b)	The 90th day after the
rd is filed.	,	,		·
	2024			
Dated AUGUST. 26		-		
(/)11c				
Signa	ture of a member or auti	orized representati	ve of a member	
		•		
OSCAR PAREDES TELLEZ				

Filing Fee: \$25.00