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(Re	equestor's Name)	
·	·	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bı	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Himall	
	WILITI	لـــــــــــــــــــــــــــــــــــــ

Office Use Only



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COVER LETTER

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	Registration S Division of Co			
éun ira	Pawardise	LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	f Amendment and fee(s) are sub	emitted for filing.	
		ondence concerning this matter	_	
		Jonathan Hneich		
			Name of Person	
		Pawardise LLC		
			Firm/Company	
		7831 NW 104th Avenue A	pt 2	
			Address	
		Doral, FL 33178		
		·	City/State and Zip Code	
		jonathan@pawardiseve.com		
Econolisas burgas	information		to be used for future annual report no	tification)
ror lurule	r miormanon	concerning this matter, please c	ait:	
Jonathan	Hneich		305 9009888 at ()	
	Name	of Person		mc Telephone Number
Enclosed	is a check for t	the following amount:		
₩ \$25.0	0 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:	oution
	Registration Division of C	Section Corporations	Registration Se Division of Co	
F	P.O. Box 632	27	The Centre of	Tallahassee
7	Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pawardise LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records. a Limited Liability Company))
The Articles of Organization for this Limited Liability C Florida document number L24000256201		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	nited 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 ADDR	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		· · ·
		,
3. If amending the registered agent and/or registered	d office address on our records, <u>enter tl</u>	ne name of the new registe
gent and/or the new registered office address here:		•
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	rmer r torida street address	
		ida
	Citv	Zin 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 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
MGR	Escarlen Reyes Martinez	7831 NW 104th Avenue Apt 2 Doral, FL 33178	= Add
			□Remove
			Change
MGR Jean Carlo Hneich	7831 NW 104th Avenue Apt 2 Doral, FL 33178	🗆 Add	
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		 	□Remove
			□Change
			□Add
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			□Add
			□Remove
			□ Chartan

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an effecti lote: If	e date, if other than the date of filing: 07-12-2024 (optional)
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Julated	y, 12 , 2024 .
	Signature of a member or authorized representative of a member
	JONATHAN HNEICH
	TONATHAN HOLEICH

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Filing Fee: \$25.00