

3053818109

GEOFFREY M WAYNE PA

9:10 p.m.

09-17-2012

Division of Corporations

https://file.sunbiz.org/scripts/efilbovr.c...

1 L12000092750

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000228192 3)))



H120002281923ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : GEOFFREY M. WAYNE, P.A.  
Account Number : 076770003401  
Phone : (305) 381-8108  
Fax Number : (305) 381-8109

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

Email Address: mf@attorneymiami.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PAVLA AND ROMAN LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

12 SEP 17 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 SEP 17 AM 9:42

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

G. MCLEOD

SEP 18 2012

EXAMINER

H12000228192 3

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Pavla and Roman 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:

**Alexis Mayor**

Name of Person

**Geoffrey M. Wayne, P.A.**

Firm/Company

**135 San Lorenzo Avenue, PH 840**

Address

**Coral Gables**

**FL**

**33146**

City/State and Zip Code

**mf@attorneymiami.com**

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

For further information concerning this matter, please call:

**Alexis Mayor**

at ( **305** )

**381-8108**

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

H12000228192 3

**H12000228192 3**

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Pavla and Roman 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 July 17, 2012 and assigned Florida document number L12000092750.

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 end with 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)**

7601 E. Treasure Drive  
CU #10  
North Bay Village, FL 33141

Enter new mailing address, if applicable:  
**(Mailing address MAY BE A POST OFFICE BOX)**

7601 E. Treasure Drive  
CU #10  
North Bay Village, FL 33141

FILED  
12 SEP 7 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 608, 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

**H12000228192 3**

**If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

**MGR = Manager  
MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

The address of the President and Manager should be changed to reflect:

1067 N.E. 203rd Lane, Miami, Florida 33179.

The address of the Vice President and Secretary should be changed to reflect:

20351 N.E. 10th Court, Miami, Florida 33179.

Dated September 17 2012

*Geoffrey M. Wayne*  
Signature of a member or authorized representative of a member

Geoffrey M. Wayne  
Typed or printed name of signee