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Florida Department of State  
Division of Corporations  
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Fax Number : (850) 617-6383

From: Account Name : WRENN BENDER  
Account Number : I20120000014  
Phone : (305) 987-4920  
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2014 SEP 30  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PAC SUPPLY PURCHASING LLC**

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9/30/2014

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13:46:19

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2

9/30/2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PAC SUPPLY PURCHASING, 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:

**Jeffrey S. Bailey**

Name of Person

**The Bailey Law Group PLLC**

Firm/Company

**One Alhambra Plaza, Suite 600**

Address

**Coral Gables, FL 33134**

City/State and Zip Code

**jbailey@jbaileylaw.com**

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

For further information concerning this matter, please call:

**Jeffrey S. Bailey**

Name of Person

at **(786) 525-3864**

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 &  
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(additional copy is enclosed)

\$60.00 Filing Fee,  
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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

2014 SEP 30 AM 8:13

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PAC SUPPLY PURCHASING, 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 06/10/2014 and assigned Florida document number L14000093345.

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: N/A  
***(Principal office address MUST BE A STREET ADDRESS)***

Enter new mailing address, if applicable: N/A  
***(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: N/A

New Registered Office Address: N/A  
*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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager Authorized Member 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>
PST	Ivan Gonzalez	1845 NW 112th Ave #207 Miami, FL 33172	<input checked="" 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
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			<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.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 30, 2014

Signature of a member or authorized representative of a member

Jeffrey S. Bailey

Typed or printed name of signer

2014 SEP 30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA