L13000022450

(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Docur	nent Number)	
Certified Copies	·	
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WESTARY OF STATE

C. LEWIS

MAP 1 9 2013

EXAMINER

COVER LETTER TO: **Registration Section Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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)

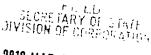
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2813 MAR 18 PM 3: 56

PALULA INVESTMENTS (Name of the Limited Liability Compan (A Florida Limited Li	LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company	were filed on February 12,2013 and assigned
Florida document number <u>L 13000022450</u> .	<i>y</i> ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	iity company here:
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
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 here	
Name of New Registered Agent:	
New Registered Office Address:	
new Registered Office Address.	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name		Address	Type of Action
MGR	Claudia E Bo	ernab	40 NE 15 Sue # 704 Mia	Add
				Remove
				Add
				Remove
				Add
				Remove
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				2018 HAR 18 PM 3
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		<u> </u>		Add
				Remove

	nformation, enter change(s) here: (Attach additional sheets. if	2813 MAR 1	0 -
		2813 MAR 1	o PH 3:
7) 			
d March o	8 . 2013		 -
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	· · · · · · · · · · · · · · · · · · ·		
	Signature of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·	

Page 3 of 3

Filing Fee: \$25.00