

L04000033916

Florida Department of State
Division of Corporations
Public Access System

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.

((H09000219152 3)))



H090002191523ABC3

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

RECEIVED
09 OCT 13 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.
Account Number : 076624003440
Phone : (305) 444-6226
Fax Number : (305) 442-4829

FILED
09 OCT 13 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PAD INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

H09000219152 3

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

09 OCT 13 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAD INVESTMENTS, 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 05/04/2004 and assigned
Florida document number L04000033916.

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)

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

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

H09000219152 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

Title	Name	Address	Type of Action
MGR	JIMENEZ, MARIA JESUS	2100 SALZEDO STREET, STE. 300 CORAL GABLES FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JORGE MASSA DUSTOU	2100 SALZEDO STREET, STE. 300 CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	BLAS R. GUEVARA V.	2100 SALZEDO STREET, STE. 300 CORAL GABLES FL 33134	<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

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

Dated OCTOBER 12 2009

Signature of a member or authorized representative of a member

BLAS R. GUEVARA VARGAS

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED
09 OCT 13 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H09000219152 3