## L06000035303

(Requestor's Name)
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## **COVER LETTER**

	egistration Sec ivision of Corp			
eup reas	PAKLLC			
SUBJECT	:	Name of Limi	ted Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please retu	ırn all correspor	ndence concerning this matter t	to the following:	
		Arthur V. Keller		
			Name of Person	
			Firm/Company	
		136 Regatta Street		
			Address	
		Melbourne Beach, Florid	da 32951	
		-	City/State and Zip Code	
		pakscat@1791.com		
		E-mail address: (t)	o be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	dl:	
Arthur V			407 325-9724 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e following amount:		
\$25.00	) Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional 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

PAKLLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
he Articles of Organization for this Limited Liability Comp	pany were filed on 12/13/2013	and assigned
orida document number L06000035303		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
e new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" o	
nter new principal offices address, if applicable:		18 18
Principal office address MUST BE A STREET ADDRESS	5)	
		( 유류)
		<b> </b>
nter new mailing address, if applicable:		<b>골</b> (3)
Aailing address MAY BE A POST OFFICE BOX)		<del>일</del> ::
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If amending the registered agent and/or registere gistered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		·
••	Enter Florida street address	
	, Flori	
	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 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 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
MGRM	Chitty,William	1658 Glencove Ave. NW	Add
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ective date, if other than the other than the other is listed, the date is listed in the other than the other t	must be specific a s block does not	nd cannot be prior t t meet the applica	o date of filing or n ble statutory filin	ore than 90 days	optional) after filing.) Pursu this date will no	ant to 60.	- 5.02 ted :
record specifies a dela The 90th day after the	yed effective record is filed	date, but not i.	an effective	time, at 12:0	)1 a.m. on th	ie earli	ier d
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Filing Fee: \$25.00