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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL.
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Certified Copies	_ Certificate	s of Status
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DIVISION 16 PM 3:

SECRETARY OF STATE
DIVISION OF STATE



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hector Pagan Jr., P.L.	
(Name of Lin	nited Liability Company)
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Hector Pagan Jr.	
	Name of Person)
Hector Pagan Jr., F	P.L.
	
PO Box 771870	
	(Address)
Orlando, FL 3287	•
	State and Zip Code)
For further information concerning this matter, please ca	all:
Hector Pagan, Jr.	at (_407) 375-8474
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>H</u>	ector Pagan Jr., P.L.	 -	
	(Present Name) (A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on May 02, 2006 and assigned document number L06000045135		
SECOND:	This amendment is submitted to amend the following:		
	Change mailing address from 13226 Galicia Street, Unit 105,		
	Orlando, FL 32824 to PO Box 771870, Orlando, FL 32877-1870.		
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	Add FEI # 20-4829156	_	
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Dated Ma	<u>ay 10</u> , <u>2006</u> .		
	•		
	Signature of a member or authorized representative of a member		
	Signature of a metabol of authorized representative of a member		
	Hector Pagan Jr.		
	Typed or printed name of signee		

Filing Fee: \$25.00