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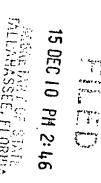
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co	ection prporations ''		
PAC USA	,,LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Dimas Correa		
		Name of Person	
	PAC USA, LLC		
		Firm/Company	
	1120 NW 51st Ct.		
		Address	
	Ft. Lauderdale, FL 33309		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
Dimas Correa		954 821-1150 at ()	
Name	of Person	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 & 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

PAC USA, LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.		and assigned
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 contain the words "Limited I	Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere	d office address on our records.	DE CONTROL OF THE NEW PRINCE OF THE NEW
registered agent and/or the new registered office address		Sa v C
		- 음을 15
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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>	<u>Address</u>	Type of Action
MGR	Jose Ricardo Carvalho	1120 NW 51st Court Suite B	Add
		Ft. Lauderdale, FL 33309	■ Remove
	•		
AMBR	Jose Ricardo Carvalho	1120 NW 51st Court Suite B	
		Ft. Lauderdale, FL 33309	■ Remove
			☐ Change
MGR	Dimas Augusto Correa	1120 NW 51st Court Suite B	■ Add
		Ft. Lauderdale, FL 33309	☐ Remove
			Change
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			□ Remove
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ective date, if other than the	date of filing:		(optional)	
n effective date is listed, the date muster: If the date inserted in this bl	st be specific and cannot be prior	to date of filing or more tha	n 90 days after filing.)	Pursuant to 605.02
cument's effective date on the D			irements, this date w	in not be iisted
record specifies a delayed		ot an effective time,	at 12:01 a.m. o	n the earlier
he 90th day after the rec	ord is filed.	1		
October 5	2015	<i>7</i> //		
ted		11		
			-	
	Signature of a member or auth	orized representative of a m	iember	

Page 3 of 3

Filing Fee: \$25.00