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2009 MAY -4 PH 12: 25
SECRETARY OF STATE
ANASSEE: FLORIDA

T. CLINE

MAY - 5 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	NV	EATS, LLC		
		ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
		NEIL V PARDO		
		Name of Person		
		Firm/Company		
3300 BISCAYNE BLVD APT.# A1				
		Address	-·· <u>··</u> ··	
		MIAMI, FL 33137		2009 MAY SECRET
		City/State and Zip Code		ART I
	E-mail address: (ARDO70@YAHOO.COM to be used for future annual report no	otification)	ASSE ASSE
For further information of	concerning this matter, please of	call:		PM 12: 25 FE, FLORIDA
N	EIL V PARO	at (305)	343-7639	ATE RID
· Name e	of Person	Area Code & Dayı	ime Telephone Number	
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	sed) Certified	te of Status &
	JNG ADDRESS:	STREET/COU	RIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NV EATS				
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appeal iability Company)	rs on our records.)	·	
he Articles of Organization for this Limited Liability Company were filed on04/16/2009 and assign				
Florida document numberL0900036881				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company her	r <u>e</u> :		
PARDO CONSULTIN	NG GROUP, LI	LC		
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Compa	any," the designation "L	LC" or the abbi	eviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		•	75 SE	
			全部 要	<u></u>
Enter new mailing address, if applicable:			TARY ASSE	
(Mailing address MAY BE A POST OFFICE BOX)			E OF THE	T-0413
			2: 25 STATE LORID	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, <u>enter t</u>)	<u>he new</u>
Name of New Registered Agent:				
New Registered Office Address:	Ex	nter Florida street add	ress	
	City	, Florida	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

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>	<u>Name</u>	Address	Type of Action
MGRM	VICTOR D CASTIL	APT #A2 MIAMI, FL 33137	☐ Add ☑ Remove
			
			<u>—</u> -
 -			Add SS Semove
			MAY - Add Remove AHASSEE. FLORE STA
			Remove
D. If amend	ling any other information	, enter change(s) here: (Attach additional shee	ets, if necessary.)
 Dated	MAY 1		
	Signatu	re of a member or authorized representative of a me	mber
	J.g	NEIL V PARDO	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00