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(Ad	dress)	
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(Cit	y/State/Zip/Phone	> #)
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SECRETARY OF STATE

C. LEWIS

MAY 17 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co		·, ·	*
◆ · · · · SUBJECT:	PASEO IN	VESTMENTS, LLC	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		Omar S. Farhat	
		Name of Person	
	Pa	aseo Investments, LLC	
		Firm/Company	
	48	28 Blanding Blvd, Ste 1	
		Address	
	Jacl	ksonville, FL 32210-7390	
		City/State and Zip Code	
	E-mail address:	ofarhat@all-lines.com (to be used for future annual report notific	ation)
For further information	concerning this matter, please	call:	
Or	mar S. Farhat	at (_904)3	376-5780
Name	of Person	Area Code & Daytime	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 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

FILED

2011 BAY 16 PM 8 80

PAS	SEO INVESTMENTS, LLO	3	WETTER OF A
(<u>Name of the Limited</u> (A	Liability Company as it now appear Florida Limited Liability Company)	s on our records کا s ALL	AHASSEF FLORIDA
V	,		
The Articles of Organization for this Limited Lia	ability Company were filed on	07/10/2009	and assigned
Florida document numberL0900066	483		
			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here	<u>e</u> :	
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Compan	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	ible:		
(Principal office address MUST BE A STREET	T ADDRESS)		
Enter new mailing address, if applicable:			
.			 -
(Mailing address MAY BE A POST OFFICE E	<u> </u>		
P 16 1 1 1/-			4L C 4h
B. If amending the registered agent and/o registered agent and/or the new registered off		ur records, <u>enter</u>	the name of the new
Name of New Parietand Assurt			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		tress
	, 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 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>	<u>Address</u>	Type of Action
MGRM	Richard L. Franasiak	6228 Bartholf Avenue Jacksonville, FL 32210-7269	✓ Add Remove
 -	**		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, en	ter change(s) here: (Attach additional sheets, if necess	ary.)
Dated	April 15,	mu S. Hur	AND STAIL
	Signature of	a member or authorized representative of a member Omar S. Farhat	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00