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| PICK-UP WAIT MAIL | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE OF STATE OF STATE OF CORPORATIONS

B. KOHR
FEB 1 8 2011

EXAMINER

COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|---------------|--------------------------------------|--|---|--|
| CUDII | ZCT. | Navin R. Pa | son. P. L. | |
| SUBJE | ECI: | | ited Liability Company | |
| The en | closed Articles of A | Amendment and fee(s) are sul | bmitted for filing. | |
| Please | return all correspo | ndence concerning this matter | r to the following: | 1 FEB |
| | | | Name of Person | 11 FEB 16 HILL: OL |
| | | Law offic | Firm/Company | P.L. P |
| | | 422) W. Sprice | e St. # Surte 1306 Address | |
| | | 7 | Ama, FL 33607 City/State and Zip Code | |
| | . | E-mail address: (| n. Pasem P pasemlaw-corn to be used for future annual report notificati | on) |
| For fur | ther information co | oncerning this matter, please of | call: | |
| <u>-</u> | Name of | n Pasem Person | at (<u>\$(3)</u> 352 - 8017 Area Code & Daytime Te | lephone Number |
| Enclose | ed is a check for th | e 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) |
| ÷ | Registra Divisior P.O. Bo | NG ADDRESS: tion Section to of Corporations x 6327 see, FL 32314 | STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center | ns |
| | i analas | | Tallahassee, FL 32301 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability | n R. Pasem, P.L. Company as it now appears on our record | <u>s.</u>) |
|---|---|--------------------------------|
| | ompany were filed on | oq and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | Following: e of the limited liability company here: c of Navia R. Pasem P. L. with the words "Limited Liability Company," the designation "LLC" or the abbreviation plicable: Same. Same. Same. Same. Same. Enter Florida street address Florida | |
| Law office of No | guin R. Pasem P.L. | |
| The new name must be distinguishable and end with the word "L.L.C." | ls "Limited Liability Company," the designate | tion "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | Some | r |
| (Principal office address MUST BE A STREET ADDR | ESS) | |
| Enter new mailing address, if applicable: | Same. | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registe registered agent and/or the new registered office addr | · · · · · · · · · · · · · · · · · · · | nter the name of the new |
| Name of New Registered Agent: | Same. | <u> </u> |
| New Registered Office Address: | Enter Florida stree | et address |
| | | |
| | 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

| <u> Title</u> | <u>Name</u> | Address | Type of Action |
|---------------|--|--|----------------|
| | Same. | | Add Remove |
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| D. Ifameno | ding any other information, enter chan | nge(s) here: (Attach additional sheets, if necessary.) | _ |
| | | | |
| | | | |
| Dated | February 12, 2 | 2011 | |
| | | er or authorized representative of a member | |
| | | laun Payem ed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00