L10000052884

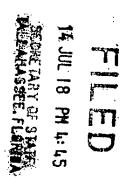
| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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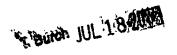
Office Use Only



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COVER LETTER

| SUBJECT: PACI | HU, LLC | | |
|----------------------------------|---|---|---|
| | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspondence | ndence concerning this matter | to the following: | |
| | CHRISTIAM | I CARDENAS, E | SQ. |
| | | Name of Person | |
| | LOUIS A. SI | UPRASKI, LLC | |
| | · — | Firm/Company | |
| | 2450 NE MIAM | I GARDENS DR. 2N | D FLOOR |
| | · - | Address | |
| | MIAMI, FL 3 | 3180 | |
| | - | City/State and Zip Code | |
| | joe@huppertcpa | | |
| | | to be used for future annual report notifi | cation) |
| For further information c | oncerning this matter, please co | all: | |
| LOUIS A. S | SUPRASKI, ES | SQ. _{at} 305, 792-00 | 060 |
| Name o | f Person | Area Code Daytime | Telephone Number |
| | | | |
| Enclosed is a check for the | ne 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

TO:

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

| PACHU, LLC | |
|---|--|
| (Name of the Limited Liability C (A Florida Lin | Company as it now appears on our records.) mited Liability Company) |
| The Articles of Organization for this Limited Liability Com Florida document number <u>L10000052884</u> | apany were filed on 05/17/2010 and assigned |
| This amendment is submitted to amend the following: | |
| (A Florida Limited Liability Company as It ages appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on O5/17/2010 and assigned Florida document number L10000052884 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| The new name must be distinguishable and end with the words "Limited | d Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRES | 35) |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | Ø > _ = = = = = = = = = = = = = = = = = = |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | s here: |
| Name of New Registered Agent: | T |
| New Registered Office Address: | Enter Florida street address |
| | |
| | City Zin 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Address Type of Action <u>Name</u> 540 NW 165th St. Rd. JAIME ZARUSKI MGR □ Add 307 Remove Miami, FL 33169 □ Add ☐ Remove □ Ada _ Add ☐ Remove □ Add ☐ Remove

|). If amending any other information, o | enter change(s) here: (Attoch additional | sheets, if necessary.) | |
|---|--|-----------------------------------|----------|
| | | | |
| | | | |
| | | | |
| Effective date, if other than the date (The effective date must be specific, cannot be puthe date this document is filed by the Florida D | rior to date of receipt or filed date and cannot be me | (optional) ore than 90 days after | |
| Dated JULY 01 | <u>2014</u> | | |
| Signat | ute of a member or authorized representative of a | member | <u>-</u> |
| DAVID ZARUSK | · | | |
| | Typed or printed name of signee | | |
| | | | D 1**E |

Page 3 of 3

Filing Fee: \$25.00