

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pacifica ML Professional Center, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

★ → Patricia Caparros
Name of Person

Pacifica ML Professional Center, LLC
Firm/Company

16400 NW 59 Avenue
Address

Miami Lakes, FL 33014
City/State and Zip Code

CAldama @ pacifica companies .net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

★ → Camilo Aldama at (205) 827-3660
Name of Person Area Code & Daytime Telephone Number

2013 SEP 11 AM 8:12
RECEIVED
CORPORATION

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**

Pacifica ML Professional Center, LLC

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company))

The Articles of Organization for this Limited Liability Company were filed on 7/10/2010 and assigned Florida document number L10000070474.

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 "L.L.C."

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) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 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>	<u>Address</u>	<u>Type of Action</u>
AGEN	Elena Gonzalez	16400 NW 59 Avenue	<input type="checkbox"/> Add
		Miami Lakes, FL 33014	<input checked="" type="checkbox"/> Remove
MGR	Patricia Caparros	16400 NW 59 Avenue	<input checked="" type="checkbox"/> Add
		Miami Lakes, FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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ADD
REMOVE
ADD
REMOVE

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

★ → Dated 09/10, 2013.

★ → Elena Gonzalez
Signature of a member or authorized representative of a member

★ → Elena Gonzalez
Typed or printed name of signee

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Filing Fee: \$25.00

FILED
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TALLAHASSEE STATE
FLORIDA