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MULAHASSEE, FLORIBA

Marine Ma

J. SAULSBERRY EXAMINER DEC 14 2010

COVER LETTER

Division of Co	orporations				
SUBJECT:		L INVESTMENTS, LLC			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
		Michael McDonald			
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
	PAC	Capital Investments, LLC Firm/Company			
		7860 NW 193 Terrace	<u> </u>	2010	
		11000		330	11
		Miami, FL 33015		$\overline{\omega}$	232-344-34-4I
		City/State and Zip Code	The state of the s	2	1
	E-mail address:	nlm76@comcast.net to be used for future annual report notifica	tion)	PH 4: 22	ق پيا
For further information	concerning this matter, please	call:	tion)	22	
Tł	nomas Hulse	at (<u>305)</u> 89 Area Code & Daytime T	90-8540 elephone Number	-	
		0000 00 00, 0000			
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 Sta Certified Copy (additional copy	atus &	osed)

MAILING ADDRESS:

TO:

Registration Section

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

P. A. C.	CAPITAL IN	VESTMENTS	, LLC	
(Name of the Limite	A Florida Limited L	iability Company)	s on our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on	10/08/2010	and assigned
Florida document numberL1000010	5291			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name (-	lity gomnany hous		
No Change The new name must be distinguishable and end w "L.L.C."	ith the words "Limit	ed Liability Compar	ny," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if appli	cable:	_N/A		
(Principal office address MUST BE A STREE	E <u>T ADDRESS)</u>		2	· co
				R Ti
		,	ca i	<u> </u>
Enter new mailing address, if applicable:	N/A_	(2 ² 2		
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
			â.	22 23
B. If amending the registered agent and registered agent and/or the new registered o	or registered off ffice address here	ice address on ou :	ur records, <u>enter th</u>	e name of the ne
Name of New Registered Agent:	Miguel Insign	ares		
New Registered Office Address:	19217 E Lake		f	
		Ente	er Florida street addre	ess
			, Florida	33015
		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>	Address	Type of Action
MGR_	HELEN OVDIJEV	4996 NW 95 AVE 8A SUNRISE FL 33351	Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	2010 DEC 13 FH 4: 22
Dated	DECEMBER 8th , _	2010	
	Signature of a mer	mber or authorized representative of a member	
		MICHAEL MCDONALD /ped or printed name of signee	
	Ty	/ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00