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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PASCALE'S LLC**

Certificate of Status	0
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2019 OCT 15 09:13:18

FILED
2019 OCT 15 P 1:37
STATE OF FLORIDA
DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2019 OCT 15 P 1:59

PASCALE'S LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) PASCALE ATTORNEYS, P.A. FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/11/2010 and assigned Florida document number L10000106009

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

201 SE 5th AVENUE

(Principal office address MUST BE A STREET ADDRESS)

DELRAY BEACH, FL 33483

Enter new mailing address, if applicable:

5893 NW 108 PLACE

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33178-2842

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:

MAGDA MARCELO-ROBAINA

New Registered Office Address:

6505 BLUE LAGOON DR. SUITE 130

Enter Florida street address

MIAMI

City

Florida

33126

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Pascale TROUPIN-CASTANIA	1902 NW SECOND AVENUE DELRAY BEACH, FL 33444	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	Michael CASTANIA	1902 NW SECOND AVENUE DELRAY BEACH, FL 33444	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	WALID N. EID	5893 NW 108 Place DORAL, FL 33178-2842	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	ANA T. DOURADO	5893 NW 108 Place DORAL, FL 33178-2842	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

