

Division of Corporations

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**L11000010422**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H11000142613 3)))



H110001426133ABCT

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To:

Division of Corporations  
Fax Number : (850) 617-6383

**L. SELLERS**

From:

Account Name : PERLMAN, BAJANDAS  
Account Number : I20040000167  
Phone : (305) 377-0809  
Fax Number : (305) 377-0781

JUN - 9 2011

**EXAMINER**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PASO INVESTMENTS, LLC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

RECEIVED

11 JUN -8 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDASECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JUN -8 AM 10:51

**FILED**

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PASO INVESTMENTS, 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:

Maria Rodriguez

Name of Person

Perlman, Bajandas, Yevoli & Albright, L.P.

Firm/Company

1000 Brickell Avenue, Suite 600

Address

Miami, FL 33131

City/State and Zip Code

maria@pbyalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Rodriguez

Name of Person

at ( 305 )

370-3284

Area Code & Daytime Telephone Number

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**

Paso Investments, 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 January 25, 2011 and assigned  
Florida document number L11000010422

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 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:

N/A

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida

City

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

| Title | Name               | Address                                       | Type of Action   |
|-------|--------------------|---|--|
| MGR   | Jorge Antonio Soto | 2333 Brickell Avenue #2316<br>Miami, FL 33129 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR   | Jose Antonio Soto  | 2333 Brickell Avenue #2316<br>Miami, FL 33129 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   | Perla Pino         | 2333 Brickell Avenue #2316<br>Miami, FL 33129 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   | Andrea Scharringa  | 2333 Brickell Avenue #2217                    | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|       |                    |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                    |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

N/A

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

RICARDO BAJANDAS

Typed or printed name of signer

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Filing Fee: \$25.00

6/8/2011