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COVER LETTER

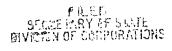
TO: Registration Section Division of Corporations
SUBJECT: Pacific Point LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Josefina E. Coviello Pacific Point LLC
Firm/Company
5445 Collins AVE CU-17
Miami Beach FL. 33140 City/State and Zip Code Pacific Doivt LLC @ quail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jose Fina Coviello at 186318.8507 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\Bigsquare{1}\$\$ \$25.00 \text{ Filing Fee} \\ \text{Certificate of Status} \\ \text{Certified Copy} \\ (additional copy is enclosed) \$\$ 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**



Pacific Paint	13 JAN -9 AMII: 13
(Name of the Limited Liability Company a	is it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number	iladi.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation
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 registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
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:	Eip Coue

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:

or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGR	William Cabr	era 5445 Collins Av	G Add
		Baylo Miami Beach	Remove
		FL. 33140	_
			Add
			Remove
	Approximation of the control of the		Addi
			Remove
			AMII: 19 Add
			_ Add
			Remove
			Add
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			Add
	•		Remove
		- 	

D. If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	· · · · · · · · · · · · · · · · · · ·
	Signature of a member of authorized representative of a member
	Signature of a member of a member Covicilo Jose fina
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

STATES AND 13 IN 19 AND 11: 13