

411000019054

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 04 2011

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PAB INVESTMENT, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PASTOR ANTILLANO

Name of Person

PAB INVESTMENT, LLC

Firm/Company

1511 HAVENDALE BLVD NW

Address

WINTER HAVEN FL, 33881

City/State and Zip Code

GMORAN@BELLSOUTH.NET

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

For further information concerning this matter, please call:

GERARDO MORAN

Name of Person

at ( 407 )

924.2136

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**PAB INVESTMENT, 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 02/14/2011 and assigned  
Florida document number L11000019054.

This amendment is submitted to amend the following:

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

NON APPLICABLE

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:**

NON APPLICABLE

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

NON 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:

NON APPLICABLE

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>
<u>MGR</u>	<u>PASTOR ANTILLANO</u>	<u>1511 HAVENDALE BLVD. NW</u> <u>WINTER HAVEN FL 33881</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>YORDI BAENA</u>	<u>1511 WINTER HAVEN BLVD. NW</u> <u>WINTER HAVEN, FL 33881</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>EDGAR PALENCIA</u>	<u>1511 WINTER HAVEN BLVD. NW</u> <u>WINTER HAVEN, FL 33881</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

NON APPLICABLE

Dated MARCH 11

2011

Signature of a member or authorized representative of a member

PASTOR ANTILLANO

Typed or printed name of signee

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TALLAHASSEE, FLORIDA