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EXAMINER



400207923844

05/23/11--01016--009 **25.00

2011 HAY 23 PH 2: 2

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	PAB INV	ESTMENT LLC		
SUBJECT.		ted Liability Company		
The enclosed Articles o	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		JULIO MOLINA		
		Name of Person	·	
JULIO MOLINA P.A.				
		Firm/Company		
	20	02 CURRY FORD RD		
		Address		
	C	RLANDO, FL. 32806		
		City/State and Zip Code		
	JULIO M	OLINA @BELLSOUTH.NET to be used for future annual report notifications.	Ewy.	
For further information	concerning this matter, please c		·	
JL	JLIO MOLINA	at (407) 2	28-4757	
Name	of Person	at (407) 2 Area Code & Daytime 7	'elephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$35.00 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
Tallal assee, 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

PAB INV	ESTMENT LLC		<u></u>
(<u>Name of the</u> <u>Limited Liability C</u> (A Florida Lim	ompany as it now appea nited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Con-	npany 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	d liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	any," the designation ".	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		2
Enter new mailing address, if applicable:	·		THY 23
(Mailing address MAY BE A POST OFFICE BOX)	- 47	7	
		2	24
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ere	uer Florida street ada	lvace
	Etier Pioriaa sireet daaress		
	City	Florida	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 amanding 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 PALENCIA EDGAR MGR 1511 HAVENDALE BLVD ☐ Add WINTER HAVEN FL 33681 ✓ Remove ☐ Add Remove Add Remove SE □AR □ = □ Remove **D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ of a member or authorized representative of a member PASTOR Antillano. Wped or printed name of signee