

L11000054266 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900212824979

10/12/11--01016--002 **25.00

FILED
11 OCT 12 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 13 2011

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **PASTORE INVESTMENT, 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:

JOSE ALFONZO

Name of Person

JRAD 1968 GROUP LLC

Firm/Company

8180 NW 36 ST SUITE 321

Address

MIAMI, FL 33166

City/State and Zip Code

jrad1968group@gmail.com

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

For further information concerning this matter, please call:

Andres Pastore

Name of Person

at (**305**)

810 4022

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 12 PM 3:19

FILED

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

PASTORE INVESTMENT, LLC

Page 1 of 2

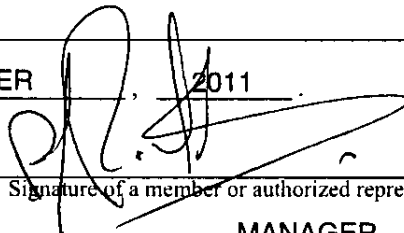
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GABRIEL PASTORE	8180 NW 36 ST SUITE 321 MIAMI, FL 33166	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated 22 SEPTEMBER, 2011



Signature of a member or authorized representative of a member

MANAGER

Typed or printed name of signee

FILED
11 OCT 12 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA