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C. LEWIS

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EXAMINER

COVER LETTER

TO: Registration So Division of Co		200	4		
er		, e.			
SUBJECT:	PAS	SIFIKA LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles of	'Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
		Christopher C Whippy			
		Name of Person			
PASIFIKA LLC					
	- · · · · · · · · · · · · · · · · · · ·	Firm/Company			
228 Odoms Mill Blvd					
Ponte Vedra Beach					
		City/State and Zip Code			
	ch	ristopher@pasifika.co to be used for future annual report notifi	oction)		
		·	cation)		
For further information	concerning this matter, please of	eali:			
Christ	opher C Whippy	at (904)	472-7505		
Name of Person		Area Code & Daytime	e Telephone Number		
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Section 10		

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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(<u>Name of the Limited I</u> (A	PASIFIKA LLC Liability Company as it now appears on Florida Limited Liability Company)	our records.)			
The Articles of Organization for this Limited Lia Florida document numberL11000108		9/22/2011	and assigned		
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liability company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "I	LLC" or the abbreviation		
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	(OX)				
B. If amending the registered agent and/o registered agent and/or the new registered off		ecords, <u>enter (</u>	the name of the new		
Name of New Registered Agent:	Laura DeStella Whippy				
New Registered Office Address:					
	Enter Florida street address				
	Ponte Vedra Beach City	, Florida	32082 Zip Code		
Name Description of America Company of the prince D	V				

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 **Title** Name Address **Type of Action** MGR Christopher C Whippy 228 Odoms Mill Blvd **⊘** Add Ponte Vedra Beach Remove FL 32082 ☐ 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.) October 4th 2012 Dated_ Signature of a member of authorized representative of a member Christopher C Whippy

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00