

U1000132850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

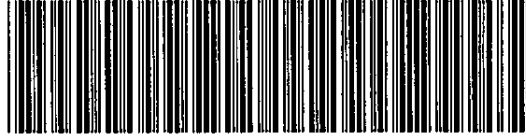
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 13 2015

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PATAGONIA RA GROUP 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:

IDA C OVIES

Name of Person

IDA C OVIES CPA PA

Firm/Company

3785 NW 82 AVE STE 302

Address

DORAL, FL 33166

City/State and Zip Code

idaovies@bellsouth.net

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

For further information concerning this matter, please call:

IDA C OVIES

305

577-5798

Name of Person

at ()

Area Code

Daytime Telephone Number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PATAGONIA RA GROUP 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 11/22/2011 and assigned
Florida document number L11000132850.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2929 SW 3RD AVE STE 210

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33129

Enter new mailing address, if applicable:

2929 SW 3RD AVE STE 210

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33129

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:

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MOLNAR, PABLO	2609 COLLINS AVE	☐ Add
		MIAMI BEACH, FL 33140	☒ Remove
			☐ Change
MGR	MOLNAR, LUCILA	2609 COLLINS AVE	☐ Add
		MIAMI BEACH, FL 33140	☒ Remove
			☐ Change
MGR	MOLNAR, RICARDO	2929 SW 3RD AVE STE 210	☒ Add
		MIAMI, FL 33129	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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OCT 12 2015
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CLERK OF DISTRICT COURT
MIAMI, FL

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15 OCT 1962
Pursuant to 602
will not be list
on the earl

207-6
as th

100-130
to 605
e listed
330
330

207-6
as th

Pablo Molnar
signature of a member or authorized representative

PABLO MOLNAR

Page 3 of 3

Filing Fee: \$25.00