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N. Culligan DEC - 6 2011

COVER LETTER

SUBJECT:	BJECT: PASS GROUP, LLC				
		nited Liability Company			
e.					
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
	PHILIP J. REICHENTHAL				
		Name of Person			
	REICHENTHAL AND ASSOCIATES, PA				
	Firm/Company				
	2352 SE 16 TERRACE				
	Address				
	НОМ	ESTEAD, FLORIDA 3	3035		
,	City/State and Zip Code				
	F-mail address:	pjrlaw@gmail.com (to be used for future annual rep	ort notification)		
For further information	concerning this matter, please				
	PREICHENTHAL	at (_786_)	299 2786		
Name	of Person	Area Code &	Daytime Telephone Number		
Fordered in a about fac-	Man Callandina annount				
Enclosed is a check for	-				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certified (of Status &	
	LING ADDRESS: tration Section	STREET/A Registration	COURIER ADDRESS:		
Divisi	on of Corporations	Division of	Corporations		

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

TO:

Registration Section
Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PASS GROUP, LLC

(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document numberL110001336	
This amendment is submitted to amend the follow	ing: AFF AFF
A. If amending name, enter the new name of the	ne limited liability company here:
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the designation "LL Richt the mobile viation
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
	of the new
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new ce address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	PHILIP J. REICHENTH	AL 2352 SE 16 TERRACE HOMESTEAD, FLORIDA 33	✓ Add 035 Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, ent	er change(s) here: (Attach additional sheets, i)	(necessary.)
_			PILE NETANY D AHMSSEE
_			AM IO: 42
Dated	DECEMBER 1	, <u>2011</u> .	
	Signature of	<u> </u>	
	O'Billian O'	a member or authorized representative of a membe LARRY L. PIPPIN	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00