L/2000008452

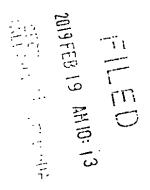
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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Ancend

FEB 20 2019 I ALBRITTON

COVER LETTER

TO:	Registrati Divișion o	ion Section of Corporations	٠
		S OF AMERICA LLC	
SUBJE	.CT:	Name of Limited Liability Company	
The enc	closed Articl	les of Amendment and fee(s) are submitted for filing.	
Please r	return all co	rrespondence concerning this matter to the following:	
		LUIS A. SANCHEZ	
		Name of Person PALS OF AMERICA LLC	
		Firm/Company 22936 CLEAR ECHO DRIVE UNIT 32	
		Address BOCA RATON FLORIDA 33433	
		City/State and Zip Code LUIS.SANCHEZ@PALS-SAS.COM	
		E-mail address: (to be used for future annual report notification)	
For furt	ther informa	tion concerning this matter, please call:	
LUIS S	SANCHEZ	561 289-6976	
	N	lame of Person Area Code Daytime Telephone Number	
Enclose	ed is a check	c for the following amount:	
\$25	5.00 Filing F	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	e of Status &

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



January 18, 2019

LUIS A. SANCHEZ 22936 CLEAR ECHO DRIVE **UNIT 32** BOCA RATON, FL 33433

SUBJECT: PALS OF AMERICA LLC

Ref. Number: L12000008452

We have received your document for PALS OF AMERICA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must have original signatures.

You failed to sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 219A00001499



January 18, 2019

LUIS A. SANCHEZ 22936 CLEAR ECHO DRIVE UNIT 32 BOCA RATON, FL 33433

SUBJECT: PALS OF AMERICA LLC

Ref. Number: L12000008452

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Irene Albritton Regulatory Specialist II

Letter Number: 219A00001499

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20/9/E8/0 / E/O

PALS OF AMERICA 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 I	liability Company were filed on	01/18/2012 and assigned
Florida document number L12000008452	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	herc:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
	 -	
		on our records, enter the name of the ne
registered agent and/or the new registered of	office address here:	
Name of New Registered Agent:	LUIS A. SANCHEZ	
	22936 CLEAR ECHO DRIVI	E UNIT 32
New Registered Office Address:	Enter 1	Florida street address
	BOCA RATON	Florida 33433
	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>	Type of Action
MGR	ERNESTO ALEXANDER PEREIRA	10025 NW 116 WAY , SUITE 17	
		MEDLEY ,FL 33432	
-	:		
			Remove
			5.01
	LUIS A. SANCHEZ	22936 CLEAR ECHO Drive unit32	Change
MGR	EUIO A. OARIOTIEE	Boca Raton ,FL ,33433	 Add
			□ Remove
			Change
			Remove
			C Remove
			Change
			_
			Remove
			Change
			Change
			☐ Remove
			□ Add
			☐ Remove
			Change

•	
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•	
`ffon	tive date, if other than the date of filing: (optional)
f an et	fective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605.02
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.
e re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
The	90th day after the record is filed.
	01/10/2019
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00