

L12000012053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

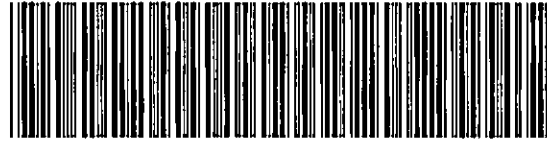
(Business Entity Name)

(Document Number)

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20 NOV 14 9: 00
REGISTRATION

Amend/Name Change

500 355 241775
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PACT AND PARTNERS AMERICAS 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:

OLIVIER SAFIR
Name of Person
Firm/Company
1253 WASHINGTON AVE SUITE 222
Address
MIAMI BEACH, FL 33139
City/State and Zip Code
RUBEN@MIATAX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUBEN ZURGA at (305) 742-8443
Name of Person 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
DIVISION OF CORPORATIONS
20 NOV 11 4PM 9:00

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

PACT & PARTNERS AMERICAS 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 01/25/2012 and assigned Florida document number L12000012053.

This amendment is submitted to amend the following:

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

PACT & PARTNERS LLC

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:

1253 WASHINGTON AVE STE 222

(Principal office address MUST BE A STREET ADDRESS)

MIAMI BEACH, FL 33139

Enter new mailing address, if applicable:

1253 WASHINGTON AVE STE 222

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI BEACH, FL 33139

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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