

L12000016757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 18 2013
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PAC INVESTMENTS OF MARTIN COUNTY, 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:

CHRISTINA M. CACOPERDO

Name of Person

Firm/Company

3901 SE ST LUCIE BLVD, STE 19

Address

STUART, FL 34997

City/State and Zip Code

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

For further information concerning this matter, please call:

CHARLES H. BURNS, ESQ. at **561 747-2600**

Name of Person

Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

PAC INVESTMENTS OF MARTIN COUNTY, 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 02/03/2012 and assigned
Florida document number L12000016757.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CRYSTAL CACOPERDO	3901 SE ST LUCIE BLVD	<input type="checkbox"/> Add
		SUITE 19	<input checked="" type="checkbox"/> Remove
		STUART, FL 34997	
MGRM	CHRISTINA M. CACOPERDO	3901 SE ST LUCIE BLVD	<input checked="" type="checkbox"/> Add
		SUITE 19	<input type="checkbox"/> Remove
		STUART, FL 34997	
MGRM	PETER CACOPERDO	3901 SE ST LUCIE BLVD	<input checked="" type="checkbox"/> Add
		SUITE 19	<input type="checkbox"/> Remove
		STUART, FL 34997	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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STATE
CLERK OF COURT
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 3/01, 2013

x Crystal Cacoperdo

Signature of a member or authorized representative of a member

CRYSTAL CACOPERDO

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA