

L1200016757

(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:

Office Use Only



900312317739

04/26/18--01022--012 **30.00

RECEIVED
TALLAHASSEE, FLORIDA

2018 APR 26 P 12:02

FILED

4/27/18 OS

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:

PETER CACOPERDO

Name of Person

Firm/Company

4755 SE DIXIE HWY UNIT 1273

Address

PORT SALERNO, FL 34992

City/State and Zip Code

SUPERIORPAYROLL@ATT.NET

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

For further information concerning this matter, please call:

PETER CACOPERDO

772 631-4296
at ()

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/COURIER ADDRESS:

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

FILED
2018 APR 26 P 12:02
TALLAHASSEE, FLORIDA

**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 contain 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)

4755 SE DIXIE HWY UNIT 1273

PORT SALERNO, FL 34992

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4755 SE DIXIE HWY UNIT 1273

PORT SALERNO, FL 34992

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

City

Florida

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	PETER CACOPERDO	4755 SE DIXIE HWY UNIT 1273, PORT SALERNO, FL 34992	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	CHRISTINA CACOPERDO	3901 SE ST LUCIE BLVD STE 19 STUART, FL 34997	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

FILED
2019 APR 29 12:02
TALLAHASSEE, FL 32304

2010 APR 26 PM 12:
OFFICE OF THE
CLERK OF THE
COURT

RECEIVED
2010 APR 26 PM 12:02
OFFICE OF THE
ATTORNEY GENERAL
HILLARY E. CLARK

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

4/28/2018
MGR

Signature of a member or authorized representative of a member

PETER CACOPERDO

Typed or printed name of signee