# 12001157-98

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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### **COVER LETTER**

TO:	Registration Sec Division of Corp		<b>*</b> .		
euni		ESTMENTS LLC			
20R1	IECȚ:	Name of Limi	ited Liability Company		
The e	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please	e return all correspor	ndence concerning this matter	to the following:		
		DANIELA REYES			
			Name of Person		
		CORPORATE SERVICES	S INTERNATIONAL CONSULTIN	IG INC	
			Firm/Company		
	290 NW 165TH STREET PH5 - 4TH FLOOR				
			Address		
		MIAMI, FL 33169			
City/State and Zip Code				<u> </u>	
			@TEAMREMANAGEMENT.COM		
			to be used for future annual report notif	ication)	
For fi	urther information co	oncerning this matter, please ca	all:		
DAN	IIELA REYES		305 454-0915 EX	T 220	
	Name of	Person		Telephone Number	
Enclo	osed is a check for th	e following amount:			
<b>S</b> \$	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAKA INVESTMENTS LLC		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our red Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 09/10/2012	and assigned
Florida document number L12000115798	<u>-</u> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR.	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NO.
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		•••••••••••••••••••••••••••••••••••••
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	iaress
<i></i>	City	, Florida Zip Code
	- · · · ·	r ···

### 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
MBR	HENSON, KARINA EDITH	290 NW 165TH ST. PH5A	
		MIAMI FL. 33169	■ Remove
			Change
MBR	FRANCAVILLA, AGUSTINA G	290 NW 165TH ST. PH5A	
		MIAMI FL. 33169	Remove
			Change
			Add
			Remove
			Add
		<del></del>	Remove
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			Remove
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ctive date, if other than the da	ite of filing:	((	optional)	D (05.03
effective date is listed, the date must be  : If the date inserted in this block ment's effective date on the Depa	c does not meet the applicable:			
ecord specifies a delayed e le 90th day after the record		effective time, at 12:0	)1 a.m. o	n the earlier
November , 14	2017			
	Q.B			

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Typed or printed name of signee

Filing Fee: \$25.00