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B. BOSTICK SEP **1 9 2014**

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COVER LETTER

TO: Registration Section
SUBJECT: Pate Folie 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:
Tsabel M. Pache 40 Pate Foli, Name of Person 141 Crandon Blvd#137 Firm/Company Key Biscayne Address FL 33149 City/State and Zip Code isabel a Vernadi. com
For further information concerning this matter, please call: TSabel M. Pacheco at 305, 305-6798
For further information concerning this matter, please call:
Isabel M. Pacheco at 305, 305-6798 10
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$ \$\times \text{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

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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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Mar AMBR = Aut	nager thorized Member	•		
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Isabel	M. Pacheco	141 Crandon Blud	Add
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(The effective of the date this of	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00