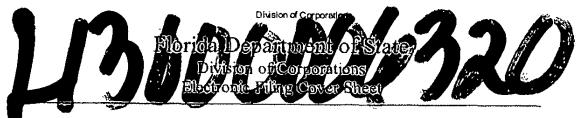
8/29/2014



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(((H14000203745 3)))



H140002037453ABC-

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PENSAM CAPITAL

Account Number :: I20090000074

Phone : (786) 539-4999

Fax Number : (786)513-0800

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN P.A. PACES, LLC

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## H140002037453 ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

P.A. Paces, LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Linut	npany as it now appears on our recor	rds.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L13000006320</u>	. , .,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Limited I	iability Company," the designation "L	
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<b>3</b>
		37.5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
		;;· · · <b>ω</b>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address I		ds, enter the name of the new
	<del></del>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
**************************************	,	Florida Zio Code
	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

Page 1 of 3

MGR = Manager

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

AMBR = Authorized Member **Title** <u>Name</u> Address Type of Action MGR Pensam Capital, LLC 777 Brickell Ave Ste 1200 ■ Add Miami, FL 33131 Remove WCP Paces, LLC MGR 777 Brickell Ave Ste 1200 Miami, FL 33131 ☐ Remove \_□ Add \_□ Remove □ Add \_□ Remove

Page 2 of 3

H140002037453

H140002037453
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
***************************************
E. Effective date, if other than the date of filing: September 1, 2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
Dated August 29 2014
Signature of a member or authorized representative of a member
Gavin Beekman Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00