

L130000011902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

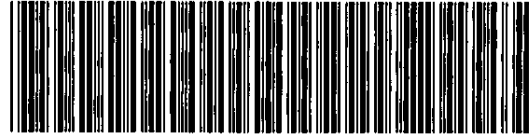
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13 OCT - 8 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 10 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PACIFIC GROUP REALTY, 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:

MANUEL GOMEZ
Name of Person
PACIFIC GROUP REALTY, LLC
Firm/Company
13590 SW 134 AVE. Ste 215.
Address
MIAMI, FL 33186
City/State and Zip Code
manny849@msn.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANUEL GOMEZ at 305) 234-4344
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PACIFIC GROUP REALTY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/23/2013 and assigned
Florida document number L13000011902

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)

13590 SW 134 Ave.
Ste. 215
MIAMI FL 33186

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13590 SW 134 Ave.
Ste. 215
MIAMI FL 33186

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:

MANUEL GOMEZ

New Registered Office Address:

13590 SW 134 Ave. Ste 215

Enter Florida street address

MIAMI
City

Florida

33186
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.

Signature
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

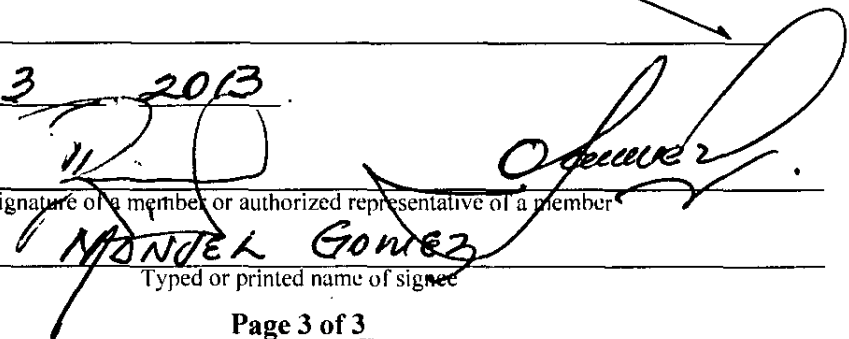
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MANUEL GOMEZ	10088 SW 142 ct.	<input checked="" type="checkbox"/> Add
		MIAMI FL 33186	<input type="checkbox"/> Remove
MGRM	IRVING ZAMORA	13590 SW 134 Ave.	<input checked="" type="checkbox"/> Add
		Suite 215	<input type="checkbox"/> Remove
		MIAMI FL 33186	
MGRM	MARCUS BARRIOS	15320 SW 106 TERR.	<input type="checkbox"/> Add
		APT. # 1109	<input checked="" type="checkbox"/> Remove
		MIAMI, FL. 33196	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

PLEASE add my EIN #. 46-1848966

Dated OCTOBER 03 2013


Signature of a member or authorized representative of a member

MONDER GOMEZ
Typed or printed name of signer

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Filing Fee \$25.00