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TALLAHASSTE, FLORIDA

... Shiwara OCT 1 5 2014

COVER LETTER

		COVEREDETTER	
TO: Registration Sect Division of Corpo			
SUBJECT: Pause	ba LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Lisa L. Dani	els, Esq.	t
		Name of Person	
	Daniels Law	Group	
		Firm/Company	
	2000 Glades	s Road, Suite 312	
		Address	
	Boca Raton	, FL 33431	
		City/State and Zip Code	
	Ild@ldanielslaw.c	com to be used for future annual report notificat	ion
For further information cor	cerning this matter, please ca	•	ion
Debby Flore	S	at (<u>561</u>) <u>955-198</u>	50
Name of F	erson	Area Code Daytime Tel	lephone 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

Pauseba LLC				
(<u>Name of t</u> he Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		-
The Articles of Organization for this Limited L Florida document number <u>L13000013460</u>	iability Company	were filed on January 28, 2013	3 and	assigned
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name o	of the limited liabi	ility company here:		
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation	ı "L.L.C."
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: 3200		3200 N. University Drive, S	Suite 213	
(Mailing address MAY BE A POST OFFICE BOX)		Coral Springs, FL 33065		
B. If amending the registered agent and registered agent and/or the new registered or	or registered of	fice address on our records, <u>en</u>	ter the nam	e of the new
Name of New Registered Agent:	Lisa L. Dani	iels, Esq.	<u> </u>	
New Registered Office Address:	2000 Glade	s Road, Suite 312		<u> </u>
	Boca Raton	, I'1011ua	33431) [******
N B		City	Zip Ca	K 1 1 2
New Registered Agent's Signature, if changing I				is control
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete p istered agent as p registered office o	performance of my duties, and I a rovided for in Chapter 605, F.S. (m fåmiliar v Or, if this do	vith and cument is

If Changing Registered Agent, Signature of New Registered Agent

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: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** Type of Action _□ Add ____ □ Remove _□ Add □ Remove _□ Add □ Remove Remove _ Add _□ Remove

D. If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The et	ctive date, if other than the date of filing: (optional) ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)
Date	October 6 2014
	Ausa & Daniel
	Signature of a member or authorized representative of a member
	Lisa L. Daniels, Esq.,
	Typed or printed name of signee

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Filing Fee: \$25.00

SECRETARY OF STATE