113000017019

(Req	uestor's Name)	
(Add	ress)	
(444	ress)	
(Add	1638)	
(City	/State/Zip/Phone	e #)
		_
☐ PICK-UP	MAIT	MAIL
(Bus	iness Entity Nar	ne)
(540		,
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
•		
Special Instructions to F	iling Officer:	
Him.		i
		·





000247859820

05/13/13--01014--013 **25.00

2013 APR 13 AM 8: 45

J. SAULSBERRY EXAMINER MAY 15 2013

COVER LETTER

TO: Registration Section
- Division of Corporations

PAV MAINE HOLDING 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:

Paul A. Vallier

Name of Person

Firm/Company

2600 South Kanner Hwy apt S-1

Address

Stuart, FL 34994

City/State and Zip Code

pavallier@netscape.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul A. Vallier

_,772、781 6676

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

	HOLDING LLC				
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now ap Limited Liability Compa	pears on our records.) ny)			
The Articles of Organization for this Limited Liability (Company were filed on	February 1, 2013	and assigned		
Florida document number <u>L:13000017019</u>					
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:					
Enter new principal offices address, if applicable:		······································			
(Principal office address MUST BE A STREET ADD	RESS)				
			M B TI		
	-	•			
Enter new mailing address, if applicable:			77		
(Mailing address MAY BE A POST OFFICE BOX)			100		
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		*** F		
•	- , 		9, 01		
B. If amending the registered agent and/or registered agent and/or the new registered office add		on our records, enter t	he name of the new		
Name of New Registered Agent:					
New Registered Office Address:					
Then Registered Office Address.		Enter Florida street add	ress		
. <u></u>		, Florida			
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Nancy E. Guarnaccia	15 Brighton Court	Add
		Brooklyn, NY 11223	Remove
			Add
			Remove
			Add
			Remove
	, 	\$ 20 (*)	ZOUS APPLIES IN Add IN A
			Remove OP
			Remove
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove

 	
	•
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

2013 APR 13 AM 8: 45