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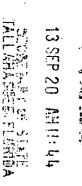
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COVER LETTER

TO: **Registration Section Division of Corporations**

PASCERET LLC SUBJECT:

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:

RUBEN D. TORO

Name of Person

RUBEN TORO P.A.

Firm/Company

7901 KINGSPOINTE PKWY STE, 31

Address

ORLANDO FL 32819

City/State and Zip Code

rubencpa@bellsouth.net

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

For further information concerning this matter, please call:

Ruben D. Toro

Name of Person

at (407) 370-6445

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

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

The Articles of Organization for this Limited Lia Florida document number L13000025571	bility Company were f	ĭled on <u>02/19/2013</u>		and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liability co	ompany here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Lia	bility Company," the de	signation "LLC"	or the abbreviation
Enter new principal offices address, if applica	ble:		<u> </u>	
(Principal office address MUST BE A STREET	ADDRESS)		2.5	<u> </u>
				SF TH
)* AL	PO SEXUES
Enter new mailing address, if applicable:			**************************************	1
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		777 (JM)	
	•		-1	
B. If amending the registered agent and/or registered agent and/or the new registered offi		ddress on our record	ds, enter the n	
Name of New Registered Agent:	JOSE E. RIVAS		<u>.</u>	
New Registered Office Address:	3152 VINELAND	RD. #130	• •	
		Enter Florida	street address	_
	KISSIMMEE	,]	Florida 34746	3
	City		Zi	p 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 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>	Address	Type of Action
MGRM	JOSE RIVAS SR.	3152 VINELAND RD. #130	O Add
		KISSIMMEE FL 34746	_ Remove
MGRM	JUAN S. VELANDIA	3152 VINELAND RD. #130 KISSIMMEE FL 34746	Add Remove
MGRM ———	JOSE E. RIVAS	3152 VINELAND RD. #130 KISSIMMEE FL 34746	_ <u></u>
MGRM	NELIDA ESPINOZA	3152 VINELAND RD. #130 KISSIMMEE FL 34746	Add Remove
			Remove Add Remove

' ri amenging any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)
·	
	
_{ted} 09/16	2013
	Tal.
Signature of	TIM.
09/16 Signature of Juan S. Velandia	Tal.

Page 3 of 3

Filing Fee: \$25.00



Primares energias