## 1130000 26297

(Requestor's Name)
(Address)
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<del></del>
(City/State/Zip/Phone #)
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Amend

JUN 28 2019 I ALBRITTON

## **COVER LETTER**

Div	ision of Cou	porations			
SUBJECT:	PACARO LLC				
Sobstic 1.		Name of Lin	nited Liability Company	<del></del> -	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ondence concerning this matter	_		
		Damian Nusynkier			
		STI MANAGEMENT LLO	Name of Person	<del></del>	
		1990 Ne 163rd Street, Ste	Firm/Company		
		North Miami Beach, FL 3.	Address 3162		
		damian@dalanrealty.com	City/State and Zip Code to be used for future annual report not		
For further in	nformation c	oncerning this matter, please co	·	ilication)	
Damian Nus	ynkier		786 553-7228		
	Name o	f Person		ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling 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:

TO:

**Registration Section** 

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

PACARO LLC

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

(A Florida Limited	l Liability Company)	6
The Articles of Organization for this Limited Liability Compan	y were filed on 02/20/2013	ري
Florida document number L13000026297		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he  Name of New Registered Agent:	re:	er the name of the nev
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as heing filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I a provided for in Chapter 605, F.S. (	m familiar with and Or, if this document is
If Ch:	anging Registered Agent, <u>Signature of New</u>	Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ALEJANDRO HOFFMAN	20949 NE 37TH COURT AVENTURA, FL 33180	
			☐ Remove
			Change
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			□ Change

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**************************************	
Note: If the date inse	than the date of filing:
the record specified the record specified the specified th	a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the earlier of er the record is filed.
JUNE 13	2019
	The state of a mumber or putherized appropriately of a mumber of a
Dated	The of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00