

L13 0000 55 403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

NOV - 8 2013

A. LUNT

Office Use Only



300252756673

11/06/13--01028--019 **25.00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2013 NOV - 6 PM 4:40

FILED

0
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAXIAN INVESTMENTS, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JORGE E OYARCE

(Contact Person)

JE OYARCE & ASSOCIATES, PA

(Firm/Company)

199 SW 12TH AVENUE, SUITE 4

(Address)

MIAMI, FL 33130-1056

(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE E OYARCE

(Name of Contact Person)

at (305) 324-2248

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2013 MAY -6 PM 4:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PAXIAN INVESTMENTS, LLC

(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 Liability Company were filed on 4/16/2013 and assigned
Florida document number L13000055403

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)

21589 MAGDALENA TERR.

BOCA RATON, FL 33433

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

21589 MAGDALENA TERR.

BOCA RATON, FL 33433

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:

ANDRES C. ATRIA

New Registered Office Address:

21589 MAGDALENA TERR.

Enter Florida street address

BOCA RATON

City

Florida 33433

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.

X
If Changing Registered Agent, Signature of New Registered Agent

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

ARTICLE V: The Name and address of managing members/managers shall read as follows:

MGRM: ANDRES C. ATRIA, Located at 21589 Magdalena Terr.

Boca Raton, FI 33433

MGRM: XIMENA L. MUNOZ, Located at 21589 Magdalena Terr.

Boca Raton, FI 33433

Dated October 15, 2013.

K



Signature of a member or authorized representative of a member

ANDRES C. ATRIA, MGMR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 NOV -6 PM 4:40
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA