

L13000084667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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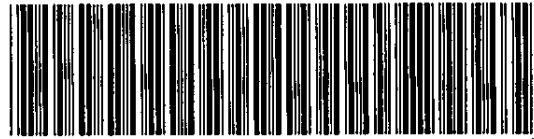
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
DEPT. OF STATE

J. SAULSBERRY
EXAMINER
OCT 4 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PASSALM 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:

AMARILYS BOCZ
Name of Person
PASSALM LLC
Firm/Company
7850 OAK GROVE CIRCLE
Address
LAKE WORTH, FL 33467
City/State and Zip Code
BROKER@kbaarealty.com
E-mail address: (to be used for future annual report notification)

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CLERK OF COURT

For further information concerning this matter, please call:

AMARILYS BOCZ at 305, 904-0245
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**

(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 06/12/2013 and assigned
Florida document number 213000084667

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)

10431 N.W 28th street

Unit E 107

Miami, FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10431 NW 28th street

Unit E 107

Miami, FL 33172

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

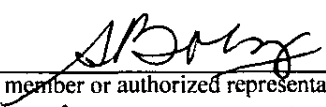
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Steven Bhagwandass	7850 OAK GROVE CIRCLE	☒ Add
		LAKE WORTH, FL 33467	☐ Remove
MGRM	Pamela Bhagwandass	7850 OAK GROVE CIRCLE	☒ Add
		LAKE WORTH, FL 33467	☐ Remove
			☐ Add
			☐ Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE CURRENT MANAGERS STEVEN BHAGWANDASS
& DANIELA BHAGWANDASS ARE THE OWNERS
AND SHOULD BE LISTED AS MANAGERS
MEMBERS

Dated SEPTEMBER 23, 2013.


Signature of a member or authorized representative of a member

AMARIYS BOEZ.
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA