

# L13000118553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

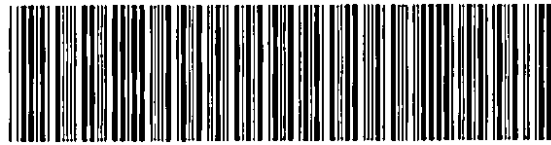
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2022 DEC -8 AM 11:17 2022 DEC -8 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*g* 12/9/2020

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 191864 102541A

AUTHORIZATION :

COST LIMIT : \$25.00



ORDER DATE : December 8, 2022

ORDER TIME : 10:42 AM

ORDER NO. : 191864-005

CUSTOMER NO: 102541A

DOMESTIC AMENDMENT FILING

NAME: PAT L ONE LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PAT L ONE LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARIE MREJEN, ESQ.

\_\_\_\_\_  
Name of Person

ARIE MREJEN, P.A.

\_\_\_\_\_  
Firm/Company

18851 NE 29TH AVE., SUITE 413

\_\_\_\_\_  
Address

AVENTURA, FL 33180

\_\_\_\_\_  
City/State and Zip Code

AMREJEN@MREJENLAW.COM

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

For further information concerning this matter, please call:

ARIE MREJEN

954

771-4475

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: PAT L ONE LLC

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SECRETARY OF STATE  
TALLAHASSEE, FL

SECOND: The Florida Document Number of the limited liability company is: L13000118553

THIRD: The street address of the limited liability company's principal office is:

1010 BRICKELL AVE. #3805

MIAMI, FL 33131

The mailing address of the limited liability company's principal office is:

1010 BRICKELL AVE. #3805

MIAMI, FL 33131

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: BRIGITE LINA LELLOUCHE

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: BRIGITTE LINA LELLOUCHE

b. No authority granted to: \_\_\_\_\_

PATRICK LELLOUCHE  
Signature of authorized representative  
December 7, 2022

PATRICK LELLOUCHE

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)