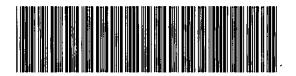
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL :
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

DEC - 3 2014 T CLINE

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COVER LETTER

Division of Cor					
PAD Inve	estors LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Esteban Koffsmon				
		Name of Person			
	PAD Investors			28H 5AL	
		Firm/Company		E AR	- T:
	763 NE 193 Terrace)		2014 KDV 20 SECRETARN FALL NHASS	A COLUMN
	•••	Address			
	Miami, FL 33179			Y of CIVIE	j
	ekoffsmon@gmail.cc	City/State and Zip Code		कुल क	
	E-mail address: (to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please ca	all:			
Esteban Koffsmon		786 556 4201			
Name o	f Person		e Telephone Number		
Enclosed is a check for the	ne 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 Certificate of Certified Co (additional cop	of Status & opy	
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAD INVESTORS LLC (Name of the Lin	nited Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)		_
The Articles of Organization for this Limited Florida document number L13000173251	Liability Company were filed on 1/1/201		and	l assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability company here:			2014
The new name must be distinguishable and end with the	ne words "Limited Liability Company," the designation	tion "LLC" or t	the abbreviati	on-LLC.
Enter new principal offices address, if appl	icable:		NRY NRY	00
(Principal office address MUST BE A STRE	SET ADDRESS)		14 23 33 10 10	-: -5
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)			
D. If amanding the registered agent an	d/or registered office address on our	records, en	ter the na	me of the
registered agent and/or the new registered	office address here:			
	office address here: Esteban Koffsmon			
registered agent and/or the new registered	office address here: Esteban Koffsmon 763 NE 193 Terrace	ot address		
registered agent and/or the new registered Name of New Registered Agent:	office address here: Esteban Koffsmon		33179	· · · · · · · · · · · · · · · · · · ·

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 605, 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-Kegistered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DYNAMM LLC	763 NE 193 TERRACE	
		MIAMI, FL 33179	Remove
MGR	ALPHA INCUBATORS LLC 240	CRANDON BOULEVARD SUITE 101 KEY BISCAYNE, FL 33149	
MGR	PELLEGRINO MIAMI REAL ESTATE L	LC 1393 SW 1ST STREET	2011 LBV 20
		MIAMI, FL 33135	20 Remove
MGR	ESTEBAN KOFFSMON	763 NE 193 TERRACE	<u>₩</u> 5.
		MIAMI, FL 33179	□ Remove
			□ Remove
			□ Remove

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
. —			
_			
Effectiv	e date, if other than the date of filing:		
The effect	re date, if other than the date of filing: (optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after		
the date t	this document is filed by the Florida Department of State)		
Dated	1		
Dated _	· — · · · · · · · · · · · · · · · · · ·		
Dated _	· — · · · · · · · · · · · · · · · · · ·		
Dated _	Signature of a member or authorized appresentative of a member		_
Dated _			- Z01
Dated _	Signature of a member or authorized representative of a member	SECT	2014
Dated _	Signature of a member or authorized representative of a member ESTEBAN KOFFSMON	1 (10)	101 HEOV
Dated _	Signature of a member or authorized representative of a member ESTEBAN KOFFSMON	1 (10)	2014 teby 20
Dated _	Signature of a member or authorized representative of a member ESTEBAN KOFFSMON	1 (10)	0
Dated _	Signature of a member or authorized representative of a member ESTEBAN KOFFSMON	1 (10)	0
Dated _	Signature of a member or authorized representative of a member ESTEBAN KOFFSMON	1 (10)	
Dated _	Signature of a member or authorized representative of a member ESTEBAN KOFFSMON	1 (10)	0

Page 3 of 3

Filing Fee: \$25.00