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## **COVER LETTER**

TO:	Registration Section Division of Corpor			
SUBJI	ECT:	PAVOL Name of Lir	imited Liability Company	
The en	closed Articles of Am	endment and fee(s) are su	ubmitted for filing.	
Please	return all corresponde	nce concerning this matte	er to the following:	
		LIRIM	M. JACOBI Name of Person	
		_	10 L1 LLC	
			Firm/Company	
		1855 PI	MM BENCH LAKES BLVD Address	
		West Pr	ALM BEACH F1 3340) City/State and Zip Code	
		LJQ-	+rioq, com s: (to be used for future annual report notification)	
For fu	rther information conc	erning this matter, please	Ť	
	LIRIM M	JNCOB)	at (786) 300 8000  Area Code Daysime Telephone Number	
	Name of Fe	rson	Alea Code Dayanne retephone reamon	
Enclos	sed is a check for the f	ollowing amount:		
\$ 52	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status (additional copy is enclosed) 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

PAVOLI, L		
(Name of the Limited Liability Con (A Florida Limited	npany as it now appears on o ed Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>LIHOOOII91H</u> .	any were filed on $\frac{7/3}{}$	0/2014) and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company " the designa	tion "LLC" or the abbreviation "L.L.C."
	4.3/ 0	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	)	
Enter new mailing address, if applicable:	N/A	THO PO
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b	i office address on our here:	records, enter the name of the new
Name of New Registered Agent: NiA		
New Registered Office Address:	Enter Florida str	rcet address
	City	, Florida 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 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 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 = Ma AMBR = Au	inager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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J		# 809	Remove
		West Palm Beach 71 334	0   Change
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Filing Fee: \$25.00