## 45000003828

(Re	questor's Name)	
———(Ad	dress)	
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(Cit	y/State/Zip/Phone #	<del>(f</del> )
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(Do	ocument Number)	
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## **COVER LETTER**

Div	ision of Corp	oorations		
SUBJECT:	INVERSIO	NES PACIFICO I 2014 LLC		
SOBGECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		ALEX D. SIRULNIK		
			Name of Person	
		ALEX D. SIRULNIK, P.A		
			Firm/Company	
		2199 PONCE DE LEON E	BOULEVARD, SUITE 301	
		· .	Address	
		CORAL GABLES, FL 33	134	
			City/State and Zip Code	
		ADS@SIRULNIKLAW.CO		
		E-mail address: (	to be used for future annual report notific	ation)
For further in	nformation co	ncerning this matter, please ca	all:	
ALEX D. SI	RULNIK		305 443-7211 at ( )	
	Name of	Person		Celephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 F	iling 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:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSIONES PACIFICO I 2014 LLC		
( <u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our recorda Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 01/07/2015	and assigned
Florida document number L15000003828	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLd	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	ORESS)	
		9 8
Enter new mailing address, if applicable:		8 PH 3: 3
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	3: 30
		10
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	22
	,F	lorida
<del></del>	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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDRES R SCALZI RABASSO	·	
			■ Remove
		<del></del>	☐ Change
MGR	ANDREA SCALZI RABASSO	<del>-</del>	Add
			≅ Remove
			Change
MGR	INVERSIONES 787 LLC	2275 BISCAYNE BOULEVARD	Add
		SUITE I	□ Remove
		MIAMI, FL 33137	Change
		<del></del>	🗆 Add
			□ Remove
			□ Change
		<del></del>	
			P Response F
			OLVISION OF CONTROL ON CONTROL Add
			□ Remove
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II ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
he red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	July 13 2017
	The two the
	Signature of a member or authorized representative of a member
	Andres R Scalzi Rabasso
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00