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	Elorida Department of State Division of Corporations Blectonic Filling Cover Sheet	
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то:	Division of Corporations	and Alter Alter
From:	Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHTEP.I Account Number : 120040000167 Phone : (305)377-0809 Fax Number : (305)377-081	
annual r	mail address for this business entity to be used for future eport mailings. Enter only one email address please.**	
CONSIDER THE CONSTRUCTION OF CONSTRUCTUON OF C	AMND/RESTATE/CORRECT OR M/MG RESIGN PACIFICO SUR GROUP, LLC Certificate of Status 0 Certified Copy 0 Page Count 04 Estimated Charge S25.00 NM 31 20 ¹⁶ NM 31 20 ¹⁶ NM 31 20 ¹⁶	

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2002/004

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Line	PACIFICO SUR GROUP, LLC	
	ited Liability Company as it now appears of (A Florida Limited Liability Company)-	VII VII LELVINI.
The Articles of Organization for this Limited I	9/2015 and assigned	
Florida document number L15000031127	Th	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name</u>	of the limited liability company here	2:
)
he new name must be distinguishable and contain the	words "Limited Liability Company," the desi	ignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE		CO P CO pro-
The part office address MOST BE A STREE		
		91- m
nter new mailing address, if applicable:	>= N	
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>	
		the second s
If amending the registered agent and egistered agent and/or the new registered of		our records, enter the figme of the f
None of New Devictored Agents	5.4 	
Name of New Repistered Agent:		
New Registered Office Address:	200 S. ANDREWS AVE., SUITE 6	
		a street address
	FORT LAUDERDALE	, Florida
	City	Zφ Code

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

Page 1 of 3

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2003/004

If amending Authorized Person(s) authorized to manage, enter the Cile, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Fítle</u>	Name	Address	Type of Actio
MGR	OTERO, MARIA	16699 Collins Ave,	Add
		Unit #3210	E Remove
		Sunny Isles Beach, FL 33160	Change
MGR C	CHPG Holdings, LLC	20900 NE 30TH AVE	🔤 Add
		SUITE 200-32	Remove
		AVENTURA, **. 33180	Change
·		<u></u>	Add
			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00

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