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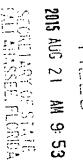
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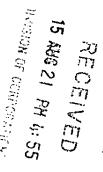
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1.		PASH G'S (CORPORATE NAME AND	DOCUMENT #)				
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SPE	CIAI	L INSTRUCTIONS:					

COVER LETTER

TO:	Registration S Division of Co			
erin ti	ect.	Pasha's	MIM LLC	
SUBJI	EC1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
	`	Abi	gail Watts-FitzGerald, Esq.	
			Name of Person	
		Devine Good	man Rasco & Watts-FitzGerald, LLI	,
			Firm/Company	
		2800 P	once De Leon Boulevard, Suite 1400)
			Address	
		•	Coral Gables, Florida 33134	
			City/State and Zip Code	
			awf@devinegoodman.com	
		·	to be used for future annual report notific	cation)
For fur	ther information of	concerning this matter, please c	ali:	
Abigai	il Watts-FitzGeral	d, Esq.	305 374-8200	
	Name o	of Person		Telephone Number
Enclos	ed is a check for t	he following amount:		
□ \$ 2:	5.00 Filing 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: 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

FILED 2015 AUG 21 AM 9: 53

SECKETARY OF STATE FALLAHASSEE, FLORIDA

Pasha's	MIM	LLC	PALLAHASSEE, FLÜ
(Name	ol the Limited List	illity Company s ida Limited Liab	s it now annears on our records.) itiy Company)

The Articles of Organization for this Limited Liability Company were filed on August 3, 2015 and assigned Florida document number L15 poo 132 1/cq.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

	Cin	Florida
New Registered Office Address:	Enter Florida street ada	tress
Name of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

<u>...</u>

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	Ianager authorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	Amenda Malpica	860 NE 79th Street	Add
		Suite A	Remove
		Miami, Florida 33138	······································
			O Add
			Remove
			Burn - 14499
			□ Add
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			□ Add
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			D Add
			□ Remove
			
			🗆 Add
			Remove

If amend	fling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
(The effectiv	e date, if other than the date of filing:
Dated	August 21st, 2015.
	Melleh
	Signature of a member or authorized representative of a member
	Antonio Ellek
	HULOUID FILEK

Page 3 of 3

Filing Fee: \$25.00

2015 AUG 21 MM 9: 53