

L15000154137

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC
Account Number : I20210000039
Phone : (407)374-2329
Fax Number : (407)412-5926

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STARSHIP INVESTMENTS LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

AUG 04 2021

A. LUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STARSHIP INVESTMENTS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLEITON CARDOSO
Name of Person
DOMINIUM CONSULTING SERVICES
Firm/Company
6965 PIAZZA GRANDE AVE - SUITE 206
Address
ORLANDO FLORIDA 32835
City/State and Zip Code
SERVICES@DOMINIUM CS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAMILA 407 374-2329
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

STARSHIP INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/15/2015 and assigned
Florida document number 1.15000154137.

This amendment is submitted to amend the following:

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

PACIFIC USA INVESTMENTS LLC

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Julio Maximo Neto	Av Jose Passos de Souza Junior	<input type="checkbox"/> Add
		604, Apt 501, Praia do Pecado	<input checked="" type="checkbox"/> Remove
		MACAE, RJ, 27920-570 BR	<input type="checkbox"/> Change
AMBR	Alessandra de Azevedo Maximo	Av Jose Passos de Souza Junior	<input type="checkbox"/> Add
		604, Apt 501, Praia do Pecado	<input checked="" type="checkbox"/> Remove
		MACAE, RJ, 27920-570 BR	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Typed or printed name of signee