## L16000015810

(Re	equestor's Name)	
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## **COVER LETTER**

Division of Cor	porations		
PAT INVE SUBJECT:	STMENTS GROUP, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ndence concerning this matter	to the following:	
	Jose C. Marrero, Esq.		
		Name of Person	
	Law Offices of Jose C. Ma	rrero, P.A.	
	<u> </u>	Firm/Company	
	1200 Brickell Avenue, No.	. 505	
44.77		Address	
	Miami, Florida 33131		
		City/State and Zip Code	
	jose@marrerolaw.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Jose C. Marrero		305 470-2030 at ( )	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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

TO: , Registration Section

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

	PAT INVEST	MENTS GROUP, LLC	
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our rec liability Company)	ords.)
The Articles of Organization for this Limited L Florida document number L16000015810	iability Company	were filed on January 22, 20	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	lity company here:	
N/A		<del>-</del>	
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
		2114	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
		<del></del>	
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	<del>-</del>		
New Registered Office Address.		Enter Florida street ad	dress
			Florida
		City	FloridaZip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of my duties provided for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New-Registered Agen

PT

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>	Type of Action
MGRM	Patricio Alberto Torres	1578 Canary Island Drive	Add
		Weston, Florida 33327	■ Remove
			Change
MGRM	Aida Cienfuegos	1578 Canary Island Drive	Add
		Weston, Florida 33327	☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change
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fective	date, if other than the date is listed, the date is	ne date of filing:	annot be prior to dat	e of filing or more the	option (option	al) ing.) Pursuant to 6	05,020
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