L14000017855

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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K. SALY EXAMINER AUG 18

COVER LETTER

TO:	Registration Sec Division of Corp			
otin ro		NGA INVESTMENTS LLC		
SUBJE	CT:	Name of Limi	ted Liability Company	
The enc	losed Articles of /	Amendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspor	idence concerning this matter t	to the following:	
		JESUS JOSE SALAZAR		
			Name of Person	
		LA PACHANGA INVEST	MENTS LLC	
			Firm/Company	<u></u>
		17670 NW 78 AVENUE, S	SUITE 208	
		···	Address	
		HIALEAH, FL. 33015		
			City/State and Zip Code	
		BUSINESSACCTPROF@C		
		E-mail address: (t	o be used for future annual report notific	cation)
For furt	her information co	ncerning this matter, please ca	11:	
JESUS	JOSE SALAZAR		786 567-1598 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
□ \$25	i.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

2016 AUG 15 PM 12: 22

JALLAHASSEE, FLORIS

LA PACHANGA INVESTMENTS LLC

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

	_ and assigned
Florida document number L16000017855	
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 contain the words "Limited Liability Company." the designation "LLC" or the abbre	eviation "L.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 registered agent and/or the new registered office address here:	e name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am fan accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if being filed to merely reflect a change in the registered office address, I hereby confirm that the limit company has been notified in writing of this change.	this document is
being filed to merely reflect a change in the registered office address. I hereby confirm that the limit	ed liability

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
AMBR	JESUS SALAZAR	17670 NW 78 AVENUE	■ Add
		SUITE 208	☐ Remove
		HIALEAH, FL. 33015	□ Change
			☐ Add
			Remove 200 Change
			Change PR 22 Change Change
			□ Remove
			□ Change
			Add
			☐ Remove
			□ Change
		- All rather from the control of the	□ Remove
			☐ Change

							
							
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Effective date, if oth	er than the dat	e of filing:	AUGUST 2			(optional)	
f an effective date is liste Note: If the date inse						ys after filing.)	
document's effective				iore statetory r	ing requiremen		mor or uned do
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Dated			2016				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00