6000	27-325
(Requestor's Name) (Address) (Address)	
(City/State/Zip/Phone #)	08/18/1701008027 **25.00
(Document Number)	17 SEP 13 A1 8:49
Office Use Only	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2017

ALVARO FERNAUD 4474 WESTON RD #180 DAVIE, FL 33331

SUBJECT: SUD PACIFIC, LLC Ref. Number: L16000127335

We have received your document for SUD PACIFIC, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 2 MISSING. PLEASE RETURN THE COMPLETE DOCUMENT

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 817A00017130

www.sunbiz.org

· .		COVER LETTER	
TO: Registration Se Division of Cor			
SUD PACI			
	Name of I	Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are s	submitted-for filing.	
Please return all correspo	ndence concerning this mat	ter to the following:	
	Alv:	aro Fernaud	
		Name of Person	
	stua 	Pacific, LLC	
		Firm/Company	
	 4474 	Weston Rd #180	
		Address	
	   Dav	ric, Fl 33331	
		City/State and Zip Code	
		naud@gmail.com s: (to be used for future annual report no	tification)
For further information c	oncerning this matter, pleas	•	
Alvaro I	Fernaud	954. at ( )	588-6660
Name o	f Person		ne Telephone Number
Enclosed is a check for th	-		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of States	\$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/COUR Registration Secti Division of Corpe Clifton Building 2661 Executive C Tallahassee, FL 3	orations Senter Circle

ARTICLES OF	AMENDMENT
T ARTICLES OF C O	RGANIZATION
SUD PACIFIC, LLC	
( <u>Name of the Limited Liability Compa</u>    (A Florida Limited I	<u>ny as it now appears on our records.</u> ) Jability Company)
The Articles of Organization for this Limited Diability Company Florida document number <u>L16000127335</u>	were filed on $\frac{07/05/2016}{2000}$ and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new-name of the limited liab</u>	llity-company here:
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4474 Weston Rd #180
(Principal office address MUST BE A STREET ADDRESS)	Davie, Fl 33331
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	4474 Weston Rd #180 Davie, Fl 33331
B. If amonding the registered event and/or registered o	Nice address on our records, anter the name of the t

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		G
	, Florida		<u> </u>
	Ciņ	1- 7	ip Çode
w 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. Thereby 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person-being added</u> or removed from our records:

MGR = Mar AMBR = Aut	nager horized Member			
<u>Title</u>	Name		Address	Type of Action
<del></del>				🗅 ∧dd
				Remove
			<del></del>	Change
				🗆 Add
				🛛 Remove
				Change
				O Add
				🗆 Remove
				Change
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			:	🗆 Add
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				Change
				🗆 · Add
				Remove
				Change
		Page 2 o	of 3	

D. If amending, any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	<u>.                                    </u>
	· · · · · · · · · · · · · · · · · · ·
	· · · ·
ve date, if other than the date of filing: 09/01/2017 retive date is listed, the date must be specific and cannot be prior to date of filing o	

## If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	September 14th			
		1 Ann		
	Signature of it member or anthorized representative of a member			
	Alvaro Fernaud			
	Typed or printed name of signee			
		Page 3 of 3		
		Filing Fee: \$25.00		