

116000187923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

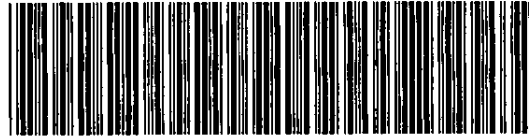
(Business Entity Name)

(Document Number)

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2018 MAR 26 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 27 2018
J CHAVEZ

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PABS HOLLDDING 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:

NICOLE BUCHELY

Name of Person

Firm/Company

1301 NW 130 AVE

Address

Pembroke Pines FL 33028

City/State and Zip Code

PATOPABS@ME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE BUCHELY

954 6295901

at ()

Name of Person

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**

PABS HOLDING 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 MIAMI and assigned
Florida document number L16000187923.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

NICOLE ALEGRIA BUCHELI

1301 NW 130 AVE

Pembroke Pines FL 33028

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

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TALLAHASSEE, FLORIDA

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>
MGR	BUCHELY ANTONIO	19541 SW 53 ST	<input type="checkbox"/> Add
		MIRAMAR FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BUCHELY NICOLE	1301 NW 130 AVE	<input type="checkbox"/> Add
		PEMBROKE PINS FL 33028	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	BUCHELY SHARLENE	1301 NW 130 AVE	<input type="checkbox"/> Add
		Pembroke Pines FL 33028	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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(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)

Dated MARCH 20 2018

Amel Buchholz

Signature of a member or authorized representative of a member

Nicole Bucher

Typed or printed name of signee