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NOTABLE SECTIONS OF THE CONTRACT OF THE CONTRA

J. HARRIS

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:		Group LL	<u></u>
	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	R1C	Name of Person HO Group Firm/Company	
	Pan A	HO Group	
	•	1 1745 lane	
		Address	
	Commono Ba	each, FL 330	64
	Picha 6	City/State and Zip Code City/State and Zip Code Code	P. Com
For further information cor	neerning this matter, please ca		reason y
\sim		at (56/) 927 Area Code Daytime	75505
Name of I	Person	Area Code Daytime	e 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

Pax Auto Group LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(2 1/2 1/10)
The Articles of Organization for this Limited Liability Company were filed on 100 and assigned
Florida document number <u>K/60002/3027</u>
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 "LLC"
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 nev
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
City 7.ip 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>	Type of Action
A <u>m B</u> R	Casey & Berka	818 SW 414 ST	Add
		818 SW 4th St Boca Roton F1, 33	P466 ARemove
			☐ Change
			Add
			Remove
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			Sign Compyer
			Change

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		<u> </u>
 -		
Effective (If an effecti	date, if other than the date of filing: (optional ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing or	l) ng \ Pursuant to 605 0'
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this dat	te will not be listed
document	's effective date on the Department of State's records.	
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m	. on the earlier
) THE 90	Oth day after the record is filed.	
Dated	2/10/2017	
Dated :	2/ ' ' ' 	
		17
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	3
	Signature of a member or authorized representative of a member Typed or printed name of signes	18 13 PM

Page 3 of 3

Filing Fee: \$25.00