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To:

Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name : EPGD ATTORNEYS AT LAW, P.A.

Account Number : 120140000049 Phone : (786)837-6787

Fax Number : (305)718-0687

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Boail Address: Pric a eadaw (an

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELSON INVESTMENTS, LLC

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Help

2019-09-12 21.38 16 (GMT)

13057180687 From, Assistant Assistant

COVER LETTER

TO:	Registration Section Division of Corporations				
	ELSON INVESTMENTS, LLC				
SUBJECT: Name of Limited Liability Company					
			as salamy company		
The er	nclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		ERIC P. GROS-DUBOIS,	ESQ.		
		<u> </u>	Name of Person		
EPGD ATTORNEYS AT LAW, P.A.					
			Firm/Company		
777 SW 37TH AVENUE, SUITE 510					
	Address				
		MIAMI, FLORIDA 33141			
	City/State and Zip Code				
		eric@epgdlaw.com			
		E-mail address: (to be used for future annual report notif	ication)	
For fu	uther information o	oncerning this matter, please cr	all;		
ERIC P. GROS-DUBOIS, ESQ. 786 837-6787					
	Name o	f Person	at ()	: Telephone Number	
Enclo	sed is a check for ti	ne following amount:			
■ \$2	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 STREET/COURIER ADDRESS: Registration Section Division of Corporations

Clifton Building

ELSON INVESTMENTS, LLC

TO ARTICLES OF ORGANIZATION **OF**

19 SEP 13 PH 10: 40 (Name of the Limited Liability Company as it now appears on our records.)

Zip Code

(A Florida Cimited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number L17000161169		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
PAI PROJECTS, LLC		
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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.

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To: Division of corporations Page 5 of 6

2019-09-12 21 38:16 (GMT)

13057180687 From Assistant Assistant

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