

11/6/2019

Division of Corporations

L19000164 791

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H19000327809 3)))



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To:

Division of Corporations
Fax Number : (852)617-6383

From:

Account Name : TAXLEAF.COM INC
Account Number : 120140000084
Phone : (305)541-3980
Fax Number : (888)772-8108

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PACB INVESTWAY LLC**

Certificate of Status	0
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2019 NOV - 6 PM 2:31
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PACB INVESTWAY LLC

(Name of the Limited Liability Company as it now appears on our records) **NOV -6 P 2:31**
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/22/2019 and assigned
Florida document number L19000164791

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:

3111 N UNIVERSITY DR STE 105

(Principal office address **MUST BE A STREET ADDRESS**)

CORAL SPRINGS, FL 33065

Enter new mailing address, if applicable:

3111 N UNIVERSITY DR STE 105

(Mailing address **MAY BE A POST OFFICE BOX**)

CORAL SPRINGS, FL

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:

CSI RA LLC

New Registered Office Address:

1549 NE 123RD ST

(Enter Florida street address)

NORTH MIAMI

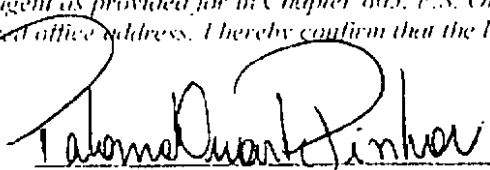
Florida 33161

City

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 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

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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>
AMBR	BENTIM, PAULO	3111 N UNIVERSITY DR STE 105	☐ Add
		CORAL SPRINGS, FL 330965	☐ Remove
			☒ Change
MGR	CSI RA LLC	1549 NE 123RD ST	☒ Add
		NORTH MIAMI, FL 33161	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

F. Effective date, if other than the date of filing: _____ (optional)
 (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 603.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 OCTOBER 24TH, 2019

Signature of a member or authorized representative of a member

PAULO BENTIM

Typed or printed name of signor