L20000015473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300339776683

01/28/20--01005--004 **25.00

2020 JAN 27 AM 9:28

V SULKER

JAN 28 2020

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. PACIFICA 305 LLC
(Corporation Name) Document #

2. _____
(Corporation Name) Document #

_X__ Walk in

___ Mail out

___ Photocopy

___ Pick up time_____

____ Will wait

____Certified Copy

____ Apostil

___ **Certificate of Status**

NEW FILINGS

____Profit
____Not for Profit
__X Limited Liability
____Domesitication
____Other

AMMENDMENTS

__X__ Amendment
____Resignation of R.A. Officer/Director
____Change of Registered Agent
____Dissolution/Withdrawal
____Merger

OTHER FILINGS

____Annual Report

____Fictitious Name

REGISTERATION/QUALIFICATIONS

___Foreign
____Limited Partnership
____Reinstatement
____Trademark
____Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PACIFICA 305 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:

NHORA GIRALDO OSORIO
Name of Person

PACIFICA 305 LLC
Firm/Company

11363 NW 83RD WAY
Address

DORAL, FL 33178
City/State and Zip Code

nhorag65@hotmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Nhorag65@hotmail.com at (305) 842-9385
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PACIFICA 305 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 01/08/2020 and assigned Florida document number L20000015473

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)

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 *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

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

Title	Name	Address	Type of Action
AMBR	JUANITA SALDARRIAGA URIB	11363 NW 83 Way	☒ Add
		Doral, FL 33178	☐ Remove
			☐ Change
AMBR	Nhora P. Giraldo	11363 NW 83 Way	☒ Add
		Doral, FL 33178	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. 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 605.0207 (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 JANUARY 24, 2020.

NHORA GIRALDO

Signature of a member or authorized representative of a member

Nhora P. Giraldo Osorio

Typed or printed name of signee