

L20000015473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

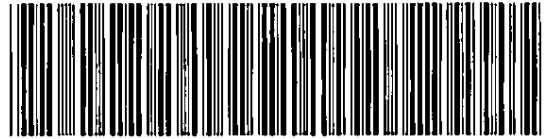
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JAN 27 PM 4:28

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 #

☒ Walk in

____ Pick up time _____

____ Mail out

____ Will wait

____ Photocopy

____ Certified Copy

____ Apostil

____ Certificate of Status

NEW FILINGS

AMMENDMENTS

____ Profit

☒ Amendment

____ Not for Profit

____ Resignation of R.A. Officer/Director

☒ Limited Liability

____ Change of Registered Agent

____ Domesitication

____ Dissolution/Withdrawal

____ Other

____ Merger

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

____ Annual Report

____ Foreign

____ Fictitious Name

____ 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

305 842-9385

Name of Person

at (_____) _____

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 "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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JUANITA SILDARRIAGA 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
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			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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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.

Dated JANUARY 24, 2020

SIGNATURE OF A MEMBER OR AUTHORIZED REPRESENTATIVE OF A MEMBER:

Typed or printed name of spouse