

4-8-2021

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Division of Corporations

H210002957843

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SACONSA GROUP LLC
Account Number : I20200000187
Phone : (786) 757-2436
Fax Number : (786) 513-5977

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DIVISION OF CORPORATIONS
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****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
AEROVIP LLC

Certificate of Status	0
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Page Count	01
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TALLAHASSEE, FLORIDA

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COVER LETTER**H210002957843****TO: Registration Section
Division of Corporations****SUBJECT: AEROVIP 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:

JESUS LEON_____
Name of Person**SACONSA GROUP LLC**_____
Firm/Company**3625 NW 82 Avenue Suite 100-K**_____
Address**DORAL, FL 33166**_____
City/State and Zip Code**JESUSLEONTERAN@GMAIL.COM**_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

JESUS LEON**786 7572436**

Name of Person at () Daytime Telephone Number
Area Code

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
Chilton Building
2601 Executive Center Circle
Tallahassee, FL 32301**H210002957843**

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H210002957843

AEROVIP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED STALL
SECRETARY OF
DIVISION OF CORPORATIONS
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d assigned

The Articles of Organization for this Limited Liability Company were filed on 03/04/2020 and assigned

Florida document number L20000071800

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

THE PACIFIC LLC

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:

580 Washington St, Suite 2A

(Principal office address MUST BE A STREET ADDRESS)

Boston, MA , 02111

Enter new mailing address, if applicable:

580 Washington St, Suite 2A

(Mailing address MAY BE A POST OFFICE BOX)

Boston, MA , 02111

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 Flight 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

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	REYES, RODOLFO J	4250 BISCAYNE BLVD	<input type="checkbox"/> Add
		SUITE 1101	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33137	<input type="checkbox"/> Change
MGRM	EL ARIGIE, RAIF	4250 BISCAYNE BLVD	<input type="checkbox"/> Add
		SUITE 1101	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33137	<input type="checkbox"/> Change
MGRM	Carrion Romero, Alcides J	4250 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		SUITE 1101	<input type="checkbox"/> Remove
		MIAMI, FL 33137	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (optional)

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) this date will not be listed as the effective date if the date is not the applicable priority filing requirements.

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 08/03, 2021

Signature of a member or authorized representative of a member

KAREN ROJAS

Typed or printed name of signer

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