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COVER LETTER

Division of Cor	•			
PAEROSC	DL GLOBAL PARTNERS LLC	, ,		
SUBJECT:				
•	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DAVID V. POBIAK			
		Name of Person	b-17 = 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15	
	PAEROSOL GLOBAL P	ARTNERS LLC		
		Firm/Company	 	
	12000 N BAYSHORE DR #202			
		Address		
	NORTH MIAMI, FL 331	81		
	DPOBIAK@ME.COM	City/State and Zip Code		
	E-mail address: (to be used for future annual report no	tilication)	
For further information c	oncerning this matter, please c	all:		
DAVID V. POBIAK	-	305 608-8352		
		at ()		
Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for the	be 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 Addres	: <u>s:</u>	Street Address:		
Registration S	Section	Registration S	ection	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PAEROSOL GLOBAL PARTNERS LLC -8 4M 8: 29

(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number	npany were filed onAPRIL 24, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limiter	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		<u>. </u>
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the name	of the new regist
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 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>	Type of Action
MGR	Futura Royalty Acreage, LLC	9302 S 83rd Ct, Hickory Hills, IL 60457	≣ Add
-			■ Add
			□Remove
MGR	BLUE ZAHAV LLC	412 W Dilido Dr, Miami Beach, FL 33139	≣ Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
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f an effective date is lis Note: If the date ins		fic and cannot be prior to s not meet the applica	o date of filing or more th	(optional) han 90 days after filing.) Pr quirements, this date wi	
record enocities a d	clayed effective date, b	ut not an effective tir	ne, at 12:01 a.m. on th	ne earlier of: (b) The 9	Oth day after the
d is filed.	May 5	2020			
d is filed.	May 5	2020	-:	7	
d is filed.	May 5	2020			
rd is filed. Dated		mil (5	rized representative of a	nember	