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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:		 -			
N18000009698 DOCUMENT NUMBER:					. <u> </u>
The enclosed Articles of Amendment and fee	are submitted for fili	ng.			
Please return all correspondence concerning the	nis matter to the follo	wing:			
Luban Quiceno					
	(Name of Co	ontact Person)			
	(Firm/ C	Company)			
6685 Forest Hill Blvd. Suite 211					
	(Adı	dress)			
Greenacres, FL 33413					
	(City/ State a	and Zip Code)			
luban@treasurepg.com					
E-mail address: (to	be used for future ar	nnual report noti	fication)	
For further information concerning this matter	, please call:				
Luban Quiceno		561 at		3524619	
(Name of Contac	t Person)	(Area (Code)	(Daytime Telephone Nun	ıber)
Enclosed is a check for the following amount	made payable to the !	Florida Departm	ent of S	State:	
■ \$35 Filing Fee □S43.75 Filing Certificate of	g Fee & S43.75 Fil Status Certified (Addition: enclosed)	Copy il copy is	Certifi Certifi	O Filing Fee cate of Status ed Copy tional Copy is sed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Ade Amendme Division o Clifton Bu	nt Secti f Corpo		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Pazion, LLC (Name of Corporation as currently filed with the Florida Dept. of State) N18000009698 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: . Florida (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director: TR= Trustee; C = Chairman or Clerk: CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mil</u>	un Doe ke Jones Iv Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	David Lugo	6685 Forest Hill Blvd.
Add			suite 211
X Remove			Greenacres, FL 33413
2) Change	P	Paola A. Arango	6685 Forest Hill Blvd.
$\frac{X}{X}$ Add			suite 211
Remove			Greenacres, FL 33413
$\frac{\overline{X}}{X}$ Change	<u>v</u>	Luban Quiceno	6685 Forest Hill Blvd. Ex
Add			Suite 211 Greenacres, FL 33413622 27
Remove			•
4) Change			PH 5: 2
Add			<u> </u>
Remove			
5) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
6) Change			
Add			
Remove			

I amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)	
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late this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the was/were sufficient for approval.	amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) adopted by the board of directors.	s) was/were
Dated 08/23/2019	
Signature Tavla A facey.	
(By the chairman of vice chairman of the board, president or other office have not been selected, by an incorporator – if in the hands of a receiver	
other court appointed fiduciary by that fiduciary)	L.
Paola A. Arango	19 AL
(Typed or printed name of person signing)	AUG 27
President	
(Title of person signing)	5: 2