

h21000237818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

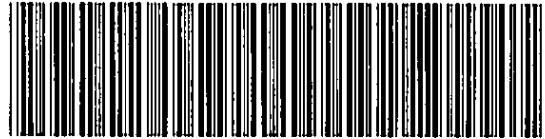
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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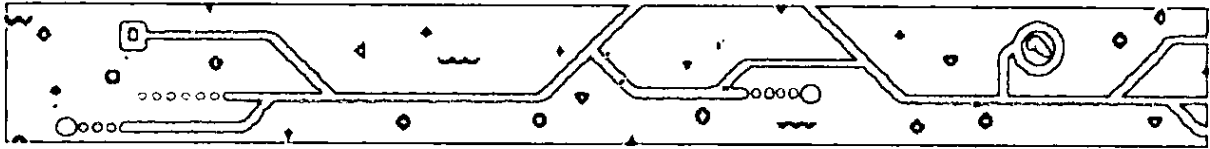
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CLERK OF STATE
TALLAHASSEE, FLORIDA

2022 JUL 18 PM 1:44

OCT 10 2022
S. PRATHER



zenbusiness

Jul 13, 2022

Florida Secretary of State
Division of Corporations
2415 N Monroe St Suite 810
Tallahassee, FL 32303

RE: Panamedical LLC

To Whom It May Concern:

Attached please find the executed Articles of Amendment for the above referenced.
Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc
Attention: Kelly Castro
5511 Parkcrest Dr., Suite 103
Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you.

Kelly Castro
ZenBusiness Customer Success

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Panamedical 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 05/21/2021 and assigned
Florida document number L21000237818.

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)

111 NE 1st Street

8th Floor #8494

Miami, FL 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

111 NE 1st Street

8th Floor #8494

Miami, FL 33132

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

City, Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Iris Irene Wiedman	10656 Plainview Circle	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33498	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Paula Gil	111 NE 1st Street	<input type="checkbox"/> Add
		8th Floor #8494	<input type="checkbox"/> Remove
		Miami, FL 33132	<input checked="" type="checkbox"/> Change
AMBR	Juan David Gil	111 NE 1st Street	<input type="checkbox"/> Add
		8th Floor #8494	<input type="checkbox"/> Remove
		Miami, FL 33132	<input checked="" type="checkbox"/> Change
MGR	Luis Fernando Gil	111 NE 1st Street	<input type="checkbox"/> Add
		8th Floor #8494	<input type="checkbox"/> Remove
		Miami, FL 33132	<input checked="" 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

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

[illegible]

F. 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 July 13, 2022

/s/ Luis Fernando Gil

Signature of a member or authorized representative of a member

Luis Fernando Gil

Typed or printed name of signee

ALLIANCE FLORIDA

2022 JUL 18 PM 1:14

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