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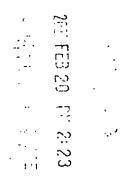
(Requestor's Name)
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COVER LETTER

	stration Section of Corp		1				
: P SUBJECT:	PAMB COR	PORATE LLC					
SOBJECT: _		Name of Lin	nited Liability Company				
The enclosed A	Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please return a	ll correspon	dence concerning this matter	to the following:				
		ANTONI MAS BALAGU	JER				
			Name of Person		-		
			Firm/Company		- <u>(</u>	207 FEB	
		3253 FOXCROFT RD AP	T G-210		FT.	FE3 2	
		<u></u>	Address	<u> </u>		Ö	
		MIRAMAR, FL 33025				E 82	
			City/State and Zip Code		- 1.5×	2: 23	
			to be used for future annual report notif	fication)			
For further info	ormation cor	cerning this matter, please c	all:				
MIGUEL PER	.EZ		786 319-3888				
	Name of F	Person		Telephone Number	Γ		
Enclosed is a c	heck for the	following amount:					
■ \$25.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certified	00 Filing Fee, trificate of Status & tified Copy litional copy is enclosed)		
	ng Address: stration Se	ction	Street Address: Registration Sec	tion			
Divis	sion of Cor		Division of Corporations				
	Box 6327	20214	The Centre of T	allahassee			
Talla	hassee, FL	. 32314	2415 N. Monroe	Street, Suite 8	10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y Company as it now appears on our records.) Limited Liability Company)	
ompany were filed on 12/20/2023	and assigned
ted liability company here:	
ted Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
ESS)	
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	23
office address on our records, enter th	e name of the new registe
Page Classification 1	
Enter Florida street address	
, Flori	daZiv Code
	ed liability company here: ed Liability Company," the designation "LLC" of the designation of the designation "LLC" of the designation of the designation "LLC" of the designation

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>	Address	Type of Action
MGR	MIGUEL PEREZ	3253 FOXCROFT RD APT G-210	= Add
		MIRAMAR. FL 33025	□Remove
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e: If the date inserte	d in this block does r	not meet the applic	able statutory fil	ing requirements, t	this date wi	ill not be listed
iment's effective dat	te on the Department	of State's records				
ord specifies a delay	ed effective date, but	t not an effective ti	ime at 12:01 a.m	on the earlier of	(b) The (Oth day after th
filed.	·				(4)	and day diter to
		2024				
January 5	· · · · · · · · · · · · · · · · · · ·	;	:			
January 5 ed						
January 5			HV	\mathcal{D}		

Filing Fee: \$25.00