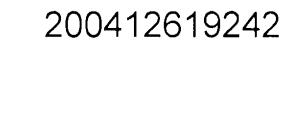
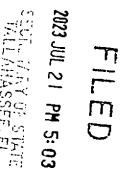
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## COVER LETTER

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SUBJE		AFE EXPRESS, LLC			
		Name of Lim	ited Liability Company		
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	return all correspo	ndence concerning this matter	to the following:		
		Beatriz Morrison			
			Name of Person		
		PANNA Management LL	C		
			Firm/Company		
		3300 Corporate Avenue. S	suite 110		
			Address		
		Weston, Florida 33331			
			City/State and Zip Code		
		vmor@pardojackson.com	to be used for future annual report no	· Carrier	
For furt	ther information c	oncerning this matter, please c	·	uncation)	
Linda J	lackson		305 358-1001		
	Name o	f Person		ne Telephone Number	_
Enclose	ed is a check for th	ne following amount:			
<b>■</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing I  Certificate of  Certified Copy (additional copy)	Status & y
	Mailing Address Registration S		<u>Street Address:</u> Registration So	ection	
	Division of C		Division of Co	-	
	P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	rananassee oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PANNA CAFE EXPRESS, 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 September 30, 2003 and assigned Florida document number \_\_\_\_L03000037230 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PANNA Management 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ew registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

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	
AMRR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Add
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Cective date, if other than the neffective date is listed, the date mute: If the date inserted in this becument's effective date on the I	ist be specific a lock does not	ind cannot be pri t meet the appl	icable statuto			ling.) Pursuant to	
ecord specifies a delayed effecti is filed.	ve date, but n	ot an effective	time, at 12:0	l a.m. on the e	arlier of: (b)	The 90th day a	fter the
ted July 20th		2023					
	Con	Rebone					
	Signature of	a member or au	thorized repres	entative of a me	mber		

Filing Fee: \$25.00