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EXAMINER



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COVER LETTER

SUBJECT:	PANCHAM LLC Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are submitted for filing.				
Please return all correspond	ondence concerning this matter to the following:				
	SAMUEL S PATIDAR Name of Person				
	Firm/Company				
•	12909 E HIGHWAY 25				
	Address				
OCKLAWAHA, FL 32179 City/State and Zip Code					
	samuelspatidar@yahoo.com E-mail address: (to be used for future annual report notification)				
For further information c	concerning this matter, please call:				
	enu Vardhan at (407) 574-4274 f Person Area Code & Daytime Telephone Number				
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ed)			

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PANCHAM LLC		
(Name of the Limited Lia	bility Company as it now appear orida Limited Liability Company)	rs on our records.)	
(A Fid	inda Limited Liability Company)		
The Articles of Organization for this Limited Liabil	lity Company were filed on	11/14/2007	and assigned
Florida document number L0700011472			
· · · · · · · · · · · · · · · · · · ·			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company her	·e•	
A. It amending name, cuter the new hame of the	t minted hability company ner	<u>∼</u> .	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compa	nny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable	e:		
<u>(Principal office address MUST BE A STREET A</u>	(DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>		
B. If amending the registered agent and/or i	registered office address on o	our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office	address here:	•	
			AE 11
Name of Nam Declarated Accept			
Name of New Registered Agent:			돌면 약 및
New Registered Office Address:			AR SS
	En	ter Florida street add	THE P
			TO -
-	<u> </u>	, Florida <u></u>	
	City		22 Zip Chale

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 608, 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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM_	RAJESH M PATEL	6222 SW 80TH LANE OCALA, EL 34476	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add
D. If amend	ding any other information, e	enter change(s) here: (Attach additional sheets, if necessar)	·.)
_			
 Dated	OCTOBER 12	. 2011	
Dated	Sam	of a member or authorized representative of a member	
	Signature	SAMUEL S PATIDAR	
		Typed or printed name of signee	<u></u>

Page 2 of 2

Filing Fee: \$25.00