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T. HAMPTON

AUG - 5 2008

EXAMINER

COVER LETTER

Registration Section.
Division of Corporations

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: PANJAN	COMPANY LLC		_			
(Name of Limited Liability Company)						
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return all correspon	dence concerning this matter	to the following:				
	SHERRIE LEE					
		(Name of Person)				
	Panjam Company LLC					
(Firm/Company)						
	12920 SW 132 COURT					
	12320 844 102 0001(1	(Address)				
	MIANE ELODIDA 22186					
MIAMI, FLORIDA 33186 (City/State and Zip Code)						
For further information con	ncerning this matter, please ca	all:				
SHERRIE LEE		at (305) 256-1172				
(Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the	following amount:					
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

STREET/COURIER ADDRESS:

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



Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Change of Members

Dear Sir or Madam:

Attached is our request to remove Mr. Paul Chin as a managing member of Panjam Company LLC along with the required fee of \$25.00 in the form of a money order.

Should you require additional information, please contact our office at the below address.

Very truly yours,

President

12920 SW 132 COURT MIAMI, FLORIDA 33186 TEL: 305-256-1172 FAX: 305-256-5554 Web site: www.panjamco.com

E-mail: panjamco@aol.com

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PANJAM COMPANY LLC			
(<u>Name of the Limite</u> (d Liability Compa A Florida Limited	nny as it now appears on our records Liability Company)	<u>r)</u>
The Articles of Organization for this Limited	and assigned		
Florida document number L08000041295	*		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		ALL:
Enter new mailing address, if applicable:		N/A	LED -4 P
(Mailing address MAY BE A POST OFFICE BOX)			- GE 2
		-	D A G
B. If amending the registered agent and registered agent and/or the new registered of	or registered of	ffice address on our records, <u>en</u> e:	ter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		(Enter Florida stree	et address)
		, Florida	
		(City)	(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 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.

(If Changing Registered Agent, Signature of New Registered Agent)

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

MGR = Manager

MGRM = Managing Member Title <u>Address</u> Type of Action <u>Name</u> MGRM PAUL CHIN **∎** Add 12920 SW 132 COURT MIAMI, FLORIDA 33186 Remove **∏** Add ☐ Remove _¶ Add Remove ☐ Add Remove ___ Add Remove ___ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JULY 27 _______, 2008 Signature of a member or authorized representative of a member SHERRIE LEE

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00