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From:

Account Name

: CORPORATE PROCESS SERVICE, INC.

Account Number: I20040000106

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAN AMERICAN MANAGEMENT, LLC

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EXAMINER

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COVER LETTER

Divisic a of Co					
SUBJECT:	PAN AMERICA	N MANAGEMENT, LLC			
		nited Liability Company			
	f Amendment and fee(s) are su condence concerning this matte	-			
		VIVIAN WILLIAMS			
		Name of Person			
	DADE C	ORPORATE SERVICES, INC	C		
	***************************************	Firm/Company		5	
		2300 CORAL WAY	ار حیل در میران در میران) <u>H</u>	Fall at CHICA
		Address	0.2	-7	Topic species
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	VIVIA	N@CANTERATAX.COM to he used for future annual report notifies	ation)	- 0i	
For further information	concerning this matter, please	call:	•		
VIVI	IAN WILLIAMS	at (305) 8	56-0056		
	of Person	Area Code & Daytime	Telephone Number	•	
Enclosed is a queck for t	the following amount:				
☐ \$25.00 Filii g Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of St Certified Copy (additional copy	atus &	ied)
34.47	ING ADDRESS.	etopp/Aaidhe	D ANNOVÇE.		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PAN AMERICAN MA	NAGEMEN	TLLC			'
(Na	me of the Limited Liability Company (A. Ploride Limited Lia	v as it now appearability Company)	(8 On our records,)			
The Axticle s of Organization :	for this Limited Liability Company v	vers filed on	JUNE 6, 2008	and es	ned	
Florida document number	L08000056403					
This amon iment is submitted	to amend the following:					
A. If ame tding name, enter	the new name of the limited Habil	ity commany her	Tët ·			
	PAN AMERICAN REALT	Y SERVICES	LLC			
The new in one must be distinguing. "L.L.C."	ishable and and with the words "Limita	d Liability Compo	my," the designation "Li	LC" or the	abbrevi	otion
Enter nev principal offices :	address, if applicable:				70	_
	ST.BE A STREET ADDRESS)		N/A	ير سير	30	
·———)		*****
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Enter ner mailing address,	K applicable:			्भं	75	i i
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				' منذ	_	
	ered agent and/or registered officered registered officered officered officered officered registered registere		ur records, <u>enter th</u>	e name (of the	<u>rcw</u>
Jame of New Regist	ered Agent		N/A			
New Registered Offi	ce Address:					
•		En	ler Florida street addr	257		
			, Florida			
		City		Zip Cod	3	_
New Repistored Agent's Signat	ture, if shouping Registered Agent.					

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the prov sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept two obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being fill at to merely reflect a change in the registered office address, I hereby confirm that the limited liability compan, has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

ŧ	Name	Address	Type of Action
	N/A		·
	<u>N/A</u>		— F— (_
	N/A		Add Remove
	N/A		Add Remove
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	DECEMBER 7	2010	

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