

L090000092187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EFFECTIVE DATE  
6-25-14

FILED  
14 JUN 20 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 20 2014

T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **PAMERA Real Estate Partners LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Marc Tetzner**

Name of Person

Firm/Company

**2340 NE 48th Court**

Address

**Lighthouse Point, FL 33064**

City/State and Zip Code

**mtetzner@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Marc Tetzner**

Name of Person

at ( **954** )

Area Code

**663-1100**

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**MAILING ADDRESS:**

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

FILED  
14 JUN 20 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2009

**(Name of the Limited Liability Company as it now appears on our records,  
(A Florida Limited Liability Company))**

EFFECTIVE DATE  
6-25-14

Page 1 of 3

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

MGR = Manager  
AMBR = Authorized Member.

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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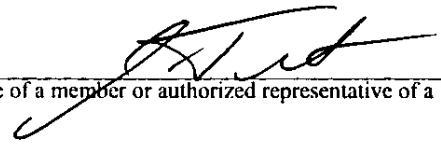
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E. Effective date, if other than the date of filing: 06/25/2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 18th, 2014

  
Signature of a member or authorized representative of a member

Marc Tetzner

Typed or printed name of signer