Florida Department of State **Division of Corporations Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000149084 3))) -



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE IN

Account Number : 120000000146 Phone

: (305)444~4994

Fax Number

: (305)444-4977

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PANAMERICANA INVESTMENTS LLC

Certificate of Status	0
Certifled Copy	0
Page Count	03
Estimated Charge	\$25.00

S. HAWKES

JUN 2 8 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

"L.L.C.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF Liability Company as it now appears on our records.
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 6/2/ Florida document number ____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 new

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

registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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.

(City)

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

(Enter Florida street address)

Piorida

(Zip Code)

MGR = Manager	•				المائد المائد	
MGRM = Manuging Member	,	•		· ·	7	
Title Name		<u>lress</u>		1	. 1	ype of
YGR america Per	ez 4	280 M	W. 54	Teur	rce g	Ada
·	بکر <u>ئ</u> ے۔ 		_ 33			
GR Rocco Cavalla	<u>ro</u> 16	2801	/.W. 5	1 Teur	ace i	Add. Remor
11 > 11 .1 0		<u> </u>		<u></u>		
GR Mana Nella Cau	<u>1911</u> aro <u> </u>	11280 Jergl1	K.W.S	4 (Pe) 3/7B	vace	Remo
			. ,		۳.	7 Add
,						Remo
<u> </u>			·			T Add
			<u> </u>	<u> </u>] Remov
	,	-		;	·] Add
						Remov
). If amending any other information, en	ter change(s) her	e: (Allach ad	ditional shee	is, if neces.	істу.)	
	· · · · · · · · · · · · · · · · · · ·			······································	·	
					·	
		——————————————————————————————————————	····	·		
		<u> </u>	. ,			•
outed			. *	" _[**	,	
	a member ar autho		• •	!		,