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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

Division of Cor		· · · · · · · · · · · · · · · · · · ·	. ♦
SUBJECT: F	pana Investme	of LCC	
	Name of Lim	ited Liability Company	
			,
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
			<u> </u>
		Name of Person	
	Account, m	Firm/Company	=s INC
		Firm/Company	
	POBOX	1130	
		//30 Address	
		FC 3476/ City/State and Zip Code	
	E-mail addross: t	to be used for future annual report notif	ication)
For further information of	oncerning this matter, please of	·	reaction,
	oncerning and matter, prease es	an.	
FRUIT		at (<u>407</u>) <u>656-3</u> Area Code Daytime	328_3
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for th	ne 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESPANA INVE	stmeat LLC
(<u>Name of the Limited L.</u> (A F	STMENT LLC Jability Company as it now appears on our records.) Torida Limited Liability Company)
V · ·	
-	lity Company were filed on 02-28-2011 and assigned
Florida document number <u>L 110000241</u>	<u>669</u> .
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	X)
	to the contract of the contrac
B. If amending the registered agent and/or	registered office address on our records, enter the name of the n
registered agent and/or the new registered office	address here:
	TO BE STORY
Name of New Registered Agent:	
	62 No
New Registered Office Address:	Enter Florida street address
	LINET I TOTAL SPECE WATESS
_	, Florida City Zip Code
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MERM	CLAUDIA ESPARA	229 FulkNERST	🗆 Add
		229 FulkNERST WINTER barden, FC 34787	Remove
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Effective date, if other than the date of filing: \(\int \cup \cup \cup \cup \cup \cup \cup \cup	atc, if other than the date of filing: D6-01-20 (optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 et date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records. specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of h day after the record is filed.		-	, ,							
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Filing Fee: \$25.00