

L11000047216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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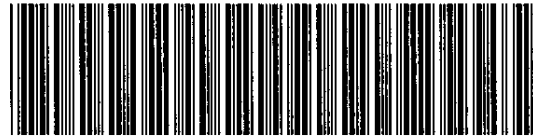
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAY 24 PM 2: 32

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MyCorporation®

23586 Calabasas Rd. Suite 102  
Calabasas, CA 91302

Toll-Free: 888-692-6778 | Fax: 818-879-8005  
Email: customerservice@mycorporation.com

May 3, 2012

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: ARTICLES OF AMENDMENT:  
Pana-Tropic International LLC**

Ladies and Gentlemen:

Please find enclosed for filing duplicate executed originals of the Articles of Amendment for the above-referenced entity.

Also enclosed is a check in the amount of **\$25.00** as the appropriate filing fee.

Please return any filed copies or receipts to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings  
My Corporation Business Services, Inc.  
23586 Calabasas Road, Suite 102  
Calabasas, California 91302

**PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO  
THE POST FORMATIONS DEPARTMENT AT 888-692-6771.**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PANA-TROPX INTERNATIONAL 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:

Post Formation Filings  
\_\_\_\_\_  
(Name of Person)

MyCorporation  
\_\_\_\_\_  
(Firm/Company)

23586 Calabasas Rd., Suite 102  
\_\_\_\_\_  
(Address)

Calabasas, California 91302  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Post Formations at ( 877 ) 692-6772  
(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)

**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**

FILED  
12 MAY 24 PM 2: 02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PANA-TROPX INTERNATIONAL LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 04/20/2011 and assigned Florida document number L11000047216.

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 "L.L.C."

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

(Enter Florida street 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 or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Gisselle Martinez	4937 SW 140 TER TE#8 HOLLYWOOD FL 33027 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Gisselle Martinez	1101 SW 128th Terrace Unit 103C Pinebroke Pines, FL 33027	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Deyanira Rodriguez-Belfast	2503 SANDY LANE ORLANDO FL 32818 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Deyanira Rodriguez-Belfast	2143 Hunley Ave Apopka, FL 32703	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<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.)

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited

Liability Company is:

1101 SW 128th Terrace Unit 103C

Pinebroke Pines, FL 33027

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 12 MAY 24, PM 2: 32  
 FILED

Dated 05 May, 2012

Gisselle Martinez

Signature of a member or authorized representative of a member

JAIME VAZQUEZ, MANAGING MEMBER

Typed or printed name of signee