111000053370

uestor's Name)	
ess)	
ess)	
State/Zip/Phone	= #)
WAIT	MAIL
ness Entity Nar	ne)
ument Number)	
Certificates	s of Status
iling Officer:	
	:
	ess) State/Zip/Phone WAIT ness Entity Nar ument Number) Certificates

Office Use Only



300298059723

04/21/17--01011--007 **25.00

17 AFR 21 PH 4: 26

; {

APR 24 2017 J. HARRIS

COVER LETTER

Divisio	n of Corporatio	ons				
SUBJECT:	PAMA	ENTERPRI	كيودا	.114		
		Name o	of Limite	d Liability Company		
The enclosed Art	ticles of Amend	ment and fee(s) are	re submi	itted for filing.		
Please return all	correspondence	concerning this m	natter to	the following:		
		HARRIET	LEV	Name of Person		
				Name of Person		
		PAMA E	NTER	PRISES, LLE		
				Firm/Company		
		10702 5	Stone	bridge Blvd. Address		
				Address		And the second s
		BOA RA	مره 14	, FL. 33448 City/State and Zip Code		
						The state of the s
		59/2 @ co E-mail addr	ress: (to	st. net be used for future annua	al report notification	on)
For further inform	nation concerni	ng this matter, plea			,	,
STEVEN	LEVINE			at (239 Area Code)	707282	1
	Name of Person			Area Code	Daytime Tele	ephone Number
Enclosed is a che	eck for the follow	wing amount:			•	
\$25.00 Filing		30.00 Filing Fee & Certificate of Statu		□ \$55.00 Filing Fee Certified Copy (additional copy is ea		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

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

PAMA ENTERPRI	ses, lle	1.		
(Name of the Limite)	d Liability Company as it now apper A Florida Limited Liability Company)	nrs on our recorus.)		
The Articles of Organization for this Limited Lia	bility Company were filed on _	5/5/2011	_ and assig	ned
Florida document number	•			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company l	nere:		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the	designation "LLC" or the abbre	viation "L.L.G	C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)		7 APR	
	**************************************		, 50	
Enter new mailing address, if applicable:			- P	- 23
(Mailing address MAY BE A POST OFFICE B	OX)		- 	
			ره	
B. If amending the registered agent and/o		n our records, <u>enter th</u>	е пате of	the nev
registered agent and/or the new registered offi	ice address here:			
Name of New Registered Agent:				
New Registered Office Address:				
Hogistered Street Haddon.	Enter Flo	orida 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 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
MGRM	MURANA, SHERYL	8221 GlADES RUBO # 101	
		BOCA RATON, FL 33448	Remove
			☐ Change
Marie 4 (2)			
			☐ Remove
	1		
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			Change 25 20 D
	 		Add High
			□ Remove
			☐ Change

. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
		
		
	, v , , , , , , , , , , , , , , , , , ,	
Note: If the document's	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date we effective date on the Department of State's records. specifies a delayed effective date, but not an effective time, at 12:01 a.m. of	vill not be listed as th
	h day after the record is filed.	
Dated	4/16/17	
	Hause Lovine Signature of a member or authorized representative of a member	<u> </u>
		17 APR
	HARRIET LEVINE Typed or printed name of signee	2 52
	Page 3 of 3	PR 4
	rage 3 of 3	

Filing Fee: \$25.00