

L11000099738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

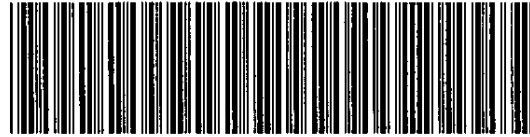
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200274072022

06/30/15--01021--008 **25.00

FILED
15 JUN 30 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL - 1 2015
HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Panamerican Investment Group, 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:

Daniela Beyer
Name of Person

Corporate Services International Consulting
Firm/Company Group, LLC

290 NW 165th St. PHS
Address

Miami FL 33169
City/State and Zip Code

corporate.services@teamremanagement.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniela Beyer at (305) 454-0915
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Panamerican Investment Group 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 L110000299738

Florida document number 8/30/2011

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

290 NW 165th St. PH5
Miami FL 33169

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

290 NW 165th St. PH5
Miami FL 33169

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:

Corporate Services International Consulting Group LLC

New Registered Office Address:

290 NW 165th St. PH5

Enter Florida street address

Miami

City

Florida

33169

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 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

UPDATE ADDRESS

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
UGRM	Eduardo G. Infantino	290 NW 165 th St. PHS	<input type="checkbox"/> Add
		Miami Fl. 33169	<input type="checkbox"/> Remove
UGRM	Karina Andrea Santangelo	Same as above	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Gustavo E. Infantino	Same as above.	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

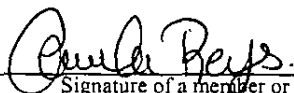
FILED
15 JUN 30 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (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 6-25-15, _____.



Signature of a member or authorized representative of a member

Daniela Reyes

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 JUN 30 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA