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SECRETARY OF STATE ALLANASSEE, FLORIDA

TED

T. CLINE

MAY - 1 2012

**EXAMINER** 

# **COVER LETTER**

TO: Registration Sect Division of Corpo				
SUBJECT:	PANMOE / Name of Limi	S		
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Stacey	HARRIGON Name of Person		
	/	Name of Person		
		Firm/Company		
	P.O.	Box 9611 Address		
	Dothan	Al: 34304		•
	Chara	City/State and Zip Code	SECF	
	E-mail address: (t	haw.'son Wyahoo. Com to be used for future annual report notificati	on)	
For further information con	cerning this matter, please c	all:	AHASSEE.	
Stacey Name of P	HARRISM Person	at ( <u>334)</u> 685-873 F Area Code & Daytime Te		B
Produced in a shoot factor	6.11			
Enclosed is a check for the	•			
\$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

PANMOE'S. LL	C
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on Dec. 28, 2011 and assigned
Florida document number <u>L11 ∞ 0 1 4 4 8 7 7</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
WZM LLC	
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Stacey HARATINI FER
(Principal office address MUST BE A STREET ADDRESS)	219 Royal Orlemanch
	Dotton Alis 363 85 8
Enter new mailing address, if applicable:	P.O. Box 9611 55 w C
(Mailing address MAY BE A POST OFFICE BOX)	Dotham Al. 36304 8
B. If amending the registered agent and/or registered of	fice 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

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Filing Fee: \$25.00