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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT	PALS OF A	MERICA LLC		
SUBJEC. 1.	·	Name of Limi	ted Liability Company	
		Amendment and fee(s) are subtailed		
		LUIS A. SANCHEZ		
			Name of Person	<u> </u>
		PALS OF AMERICA LLC		
			Firm/Company	
		22936 CLEAR ECHO DR	IVE, UNIT 32	
			Address	
		BOCA RATON, FL 33433		
			City/State and Zip Code	
		luis.sanchez@pals-sas.com		
		E-mail address: (t	o be used for future annual report n	otification)
For further	information co	neerning this matter, please ca	all:	
LUIS A. S.	ANCHEZ		561 289-6976	
	Name of	Person	at () Area Code Days	ime Telephone Number
Enclosed is	a check for th	e 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

(Name of the Limi	ted Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited I	iability Company were filed on	and assigned
This amendment is submitted to amend the fol	owing:	
A. If amending name, enter the new name of	f the limited liability company	nere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	<u> </u>
Principal office address MUST BE A STREE		
	<u> </u>	<i>ت</i>
Enter new mailing address, if applicable:		09
Mailing address MAY BE A POST OFFICE	R()Y)	
Mining dames, may be a rost of ree	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address office address here:	on our records, enter the name of the
Name of New Registered Agent:	LUIS A. SANCHEZ	
New Registered Office Address:	22936 CLEAR ECHO DRIVE.	UNIT 32
regione es a mar , talinepa	Enter F	lorida street address
	BOCA RATON	Florida ³³⁴³³
	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>	<u>Address</u>	Type of Action
MGR	Ernesto Alexander Pereira		
		10025 NW 116 WAY, SUITE 17 MEDLEY, FL 33432	
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Tective date, if other than the date of filing: in effective date is listed, the date must be specific and cannot be prior to date of filing	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing ote: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	filling requirements, this date will not be listed
record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier
ated 11 26 (2018.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00