11200084942

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	,	





600241172896

10/29/12--01019--026 **25.00

2812 401 29 PH 12: 22
- REPRESARY OF STATE
- REPRESARY OF STATE

And the case of th

T. CLINE 0CT 3 0 2012

EXAMINER

COVER LETTER

TO: Registration Section' Division of Corporations
SUBJECT: Pan Ache Holding SLLC" 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:
TREST MARTINEZ Name of Person Panache 1-10/dings"//C" Firm/Company
888 Intracoastal Dr. #4E
Fort Jacobole F133304 City/State and Zip Code + sen + a paya Che 15esty 1es. com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Then + Mantiner at (959 & 2 0440 Name of Person Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<i>)</i> :		11	. //
ANACH	P /-	olding	25 /	10"
(Name of the Limited Lia	ability Compan	y as it now appears on ability Company)	our records.)	
			17011	7
The Articles of Organization for this Limited Liabi	lity Company	were filed on/	28/10	∠and assigned
Florida document number	1000	08496.	2	
This amendment is submitted to amend the followi	ing:			
A. If amending name, enter the new name of the	e limited liabi	lity company here:		
The new name must be distinguishable and end with th "L.L.C."	ne words "Limit	ed Liability Company," t	he designation "LL	.C" or the abbreviation
	•	0004	<u> </u>	dalk HUE
Enter new principal offices address, if applicable		XXXXXX	TRACOA	491D, #4E
(Principal office address MUST BE A STREET A	(DDKESS)	Pon+ LAU	MERCIA	le, F. 33304
		· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:		1/SAME	//	
(Mailing address MAY BE A POST OFFICE BO)X)		•	
	<u></u>			- 4
			; [And Control of the Co
B. If amending the registered agent and/or registered agent and/or the new registered office			ecords, enter th	e name of the new
registered agent and/or the new registered orner	e audress here	•	بني ١.١ من	
Name of New Registered Agent:	Paul	ache Li.	50<1	Jec LLC
No Police A Constant Annual Co	2000		<i>H H H</i>	7. TO
New Registered Office Address:	<u> </u>	INTSACOAST Enter Fl	orida street addre	ess 12
	For L	laulan la	6 Florida -	,770U
-	J- UJUT	Laudendo City	riorida <u>S</u>	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 **Title Address Type of Action** Name 1 4220 Lais O. Maniner 2665 S. hor 05. □ Add 5. 33134 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Luis O. MANTINEZ From participating AS A MGMR OF -Panauhe a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00