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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pana 6 Florida 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:	
Ricardo Resino Name of Person	
Firm/Company	
8004 NW 154th St #117 Address	
Miami Ialas, FL 33016 City/State and Zip Code RICUS a E HOTMAIL. 10M E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
2i Cardo Resino at (305) 300 - 0597 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\text{Certificate of Status}\$ Certified Copy (additional copy is enclosed) 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 Limited Liability Company as	s it now appears on our records.)	
(Name of the Limited Liability Company as (A Florida Limited Liabil	ity Company)	
The Articles of Organization for this Limited Liability Company wer	e filed on November 16, 2012	and assigned
Florida document number <u>L12000145157</u> .		
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 abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the	name of the new
	Z X	
Name of New Registered Agent:	<u></u>	
New Registered Office Address:	<u> </u>)EC
	Enter Florida street address	7
	, Florida City	in Code
New Registered Agent's Signature, if changing Registered Agent:	STA	The said
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perpacept the obligations of my position as registered agent as prov	formance of my duties, and I am fami	liar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Luciana Resino	8004 NW 154th St#117 Miami lakes, FL 33016	b Add
			□ Remove
			□ Remove
			Add
			□ Remove
			🗖 Add
			Remove
			SECRETARY SECRETARY
		•	C Remove
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			Remove

	e: (Attach additional sheets, if necessary.)
. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or the date this document is filed by the Florida Department of State)	(optional) filed date and cannot be more than 90 days after
Dated December 9th, 2019	<u>'A</u> .
Signature of a member or and	orized representative of a member
Picarula Res Typed or prin	∩ ₀ .
	ted name of signee

Page 3 of 3

Filing Fee: \$25.00

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