

L13 0000 93490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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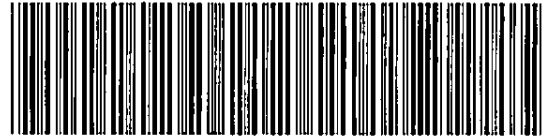
(Business Entity Name)

(Document Number)

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2024 JUL 17 AM 10:58
SECRETARY OF THE
TALL TIMBER CO.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PAJML, 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:

Ahpaly Coradin

Name of Person

Pierson Ferdinand LLP

Firm/Company

333 SE 2nd Avenue, Suite 2000

Address

Miami, FL 33131

City/State and Zip Code

ahpaly.coradin@pierferd.com

E-mail address: (to be used for future annual report notification)

2024 JUL 17 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Ahpaly Coradin

754 900-5003
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PAJMI, 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 07/01/2013 and assigned
Florida document number L13000093490.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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 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>	<u>Type of Action</u>
AMBR	Estate of Paul Lepelletier, Ahpaly C	c/o Pierson Ferdinand LLP Attn Ahpaly Coradin	<input type="checkbox"/> Add
		333 SE 2nd Ave, Suite 2000	<input checked="" type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
MGR	Yves Lepelletier	8, La Touche	<input checked="" type="checkbox"/> Add
		85170 Le Poiré-Sur-Vie, France	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jean Lepelletier	40, chemin du Bois de Serres	<input checked="" type="checkbox"/> Add
		69570 Dardilly, France	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Change

SECRETARY OF THE
TALLAHASSEE
2024 JUN 17 AM 10:38

2024 JUL 17 AM 10:58
SECRET BY US STATE
TALLAHASSEE, FL

2024 JUL 17 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 2, 2024

Koradii

Signature of a member or authorized representative of a member

Ahpaly Coradin, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00