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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

JAN 0 4 2016

S. YOUNG

COVER LETTER

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TO: Registration S Division of Co	ection rporations		
SUBJECT: 5	PanWorks Co	Hee LLC	
	Name of Can	inted Blabinty Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Phi	lip M Mescer Name of Person	·
·	Ste	Paymwork LLC Firm/Company	
·	435	2.B. Gracetye	
	Ruama	Cfy, FL 3240	SSEPTION TO THE D
	<u>Steamwol</u> E-mail address: (kscoffee @gmail. Com	fication)
For further information of	concerning this matter, please c	all:	·
Phillip Me	CCC	at (<u>880_</u>) <u>276 25</u> Area Code Daytime	923 e Telephone Number
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Enclosed is a check for the	he 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

Steamworks Laffee L (Name of the Limited Liability Compa (A Florida Limited)	LC Inv as it now appears on our records. Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000198692</u>	were filed on $11/24/15$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the appreviation "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)	437-B Grace Avenue 37 57 Janama City, FL 32401 437-B Grace Aveneue 37 88 Panama City, FL
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enier Florida street address
	, Florida City Zip Code
New Pegistered Agent's Signature if changing Pegistered Agent:	

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

Title Name Address Type of Action

MGR Phillip MMexer 2712 Cleaviest Ave Add

Pavama City, Fl Remove

32405 Change

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	,	Panama City, Fl 32405	⊠ Remove
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Filing Fee: \$25.00