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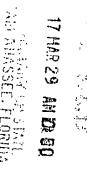
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COVER LETTER

TC		istration Se ision of Cor			
SI	BJECT:	PACHA ON	NE, LLC		
50	DJEC1.		Name of Limi	ited Liability Company	
			Amendment and fee(s) are submodence concerning this matter	_	
			Joseph B. Ryan III, Esq.	-	
				Name of Person	
			Joseph B. Ryan III, P.A.		
				Firm/Company	
			8925 S.W. 148th Street, St	nite 200	
				Address	
			Palmetto Bay, Florida 331	76	
		, 4 ₃ 6.	jbryanlaw@gmail.com	City/State and Zip Code	
		,, ,	E-mail address: (1	to be used for future annual report notific	ation)
Fo	r further in	formation co	oncerning this matter, please ca	all:	
Jo	seph B. Ry	/an III		305 444-4949 at ()	
		Name of	f Person	Area Code Daytime T	Telephone Number
En	closed is a	check for th	e following amount:		
	\$25.00 F	iling 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

PACHA ONE, LLC				
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		_	
The Articles of Organization for this Limited Liab Florida document number L170000530062	oility Company were filed on	and	l assigi	ned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liability company here:			
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation	n "L.L.(
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET.	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
			7 MAR	1 1
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ente	r the na	m e ∿of √&	the ne
registered agent and/or the new registered offic	ce audress nere.		AM	Topic and the state of the stat
Name of New Registered Agent:		95	रक्ष स्थ	-
New Registered Office Address:	From Clarity and Alice	<u> </u>	5	
	Enter Florida street address			
	, Florida _	Zip C	ode	
	~··· <i>y</i>	-70		

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	Olivia Aurore Teboul Lachkar	8925 SW 1`48th Street, Suite 200, 1	■ Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
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			S He move
			OR GRange
			□ Add
			□ Remove
			Change
			Add
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			☐ Change

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Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00