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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	CCT: Pamir Capital LLC Name of Limited Liability Company	
The e	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Matthew He 1+Z Name of Person	
	Weinkle Abuget Law Caroup, LLC	
	605 Lincoln Rd, Soile 250 Address	
	Miami Beach, Florida 33139 City/State and Zip Code	
	City/State and Zip Code Wallen C wap lang oup. 200 E-mail address: (to be used for future annual leport notification)	
For fu	ther information concerning this matter, please call:	
	Name of Person at (305) 330 - 6928 Area Code Daytine Telephone Number	
Enclo	ed is a check for the following amount:	
ed s:	5.00 Filing Fee	

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

ARTI	TO CLES OF O O	RGANIZATIO	ON	SECKE TA SECKE TA SECKE TA OR ON ON OR OR OR OR OR OR OR OR OR OR OR OR OR	
The Articles of Organization for this Limited Lia Florida document number <u>L17001065</u> This amendment is submitted to amend the follow	Hiability Compar Valorida Limited L bility Company	y as it now appears on inability Company)		F CORPORATION	
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	22730	Bella a	breviation "L.L.C." Lita Circle Locida 334	33
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	22730 Boca R	Bella Rita	a Circle La 33433	
B. If amending the registered agent and/o registered agent and/or the new registered off			ır records, <u>enter '</u>	the name of the n	iew
Name of New Registered Agent: New Registered Office Address:				250 33139 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date of filing:	e record specifies a	a delayed effective	e date, but not :	an effective time,	at 12:01 a.m. on th	e earlier
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Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the specifies and the record is filed.		Signature of	°a member or authori.	zed representative of a m	ember	

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