L17000 244 268

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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COVER LETTER

	egistration Se ivision of Cor			
CUD IF CO	REY PAN.	LLC.		
SUBJECT	·	Name of Lin	aited Liability Company	
The analog	ad Amialaa af	Amandanan and Fac(a) and sub-	united for Cline	
		Amendment and fee(s) are sub	_	
Please retu	rn all correspo	indence concerning this matter	to the following:	
		TIBISAY J. OSUNA		
			Name of Person	
		REY PAN, LLC.		
			Firm/Company	
		11420 Fortune Cir		
			Address	
		Wellington, FL 33414		
			City/State and Zip Code	· · · · · ·
		REYPANLLC@GMAIL.C		
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report of	otification)
TIBISAY .		one or ming this matter. prease t		
			954 330-8965 at ()	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$ 25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Shows the second serious of the second serio
\tilde{R}	ailing Addres	Section	Street Address: Registration S	
D	ivision of C	orporations	Division of C	Corporations
	O. Box 632 allahassee, I		The Centre of 2415 N. Mon	f Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REY PAN, LLC.		
	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on <u>00</u>	/17/2020 and assigned
Florida document number L17000244268	· · · · · · · · · · · · · · · · · · ·	5 7
This amendment is submitted to amend the fol	lowing:	and assigned
A. If amending name, enter the new name	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addre		ecords, enter the name of the new registe
Name of New Registered Agent:	TIBISAY J. OSUNA	
New Registered Office Address:	6270 SW 18TH CT	
	Enter Flo	rida street address
	N LAUDERDALE	, Florida 33068
	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>	Address	Type of Action
AMBR	MARCO OSUNA	6270 SW 18th CT	
		N LAUDERDALE, FL 33068	
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			
			□Remove
			□ Change

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Title MGR - PRESIDENT	OSUNA, TIBISAY J 6270 SW 18th CT I	N LAUDERDALE, FL 33068
Title MGR - V-PRESIDE	NT OSUNA, OSCAR 6270 SW 18th CT N	N LAUDERDALE, FL 33068
		. <u></u>
effective date is listed, the date :: If the date inserted in thi		(optional) ling or more than 90 days after filing.) Pursuant to 605.02 ory filing requirements, this date will not be listed
ecord specifies a dela ne 90th day after the		ective time, at 12:01 a.m. on the earlier
d	01:07 PM	
h	FILLA	