Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000097291 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : F&L ACCOUNTING SERVICES LLC

Account Number : I20170000063 Phone

: (786)343-9023

: (305)384-4684 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: suselfernandez@flaccountingllc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAMPAS INVESTMENTS LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Division of C	Section Corporations	·	H20000097291 3
PAMPA	S INVESTMENTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	SUSEL FERNANDEZ		
		Name of Person	
	F&L ACCOUNTING SE	IVICES LLC	
		Firm/Company	
	2414 NW 87TH PLACE.	SUITE 2414	
		Address	
	DORAL, FL 33172		
		City/State and Zip Code	
	suselfernandez@flaccounti	ngllc.com to be used for future annual report notifi	(antion)
For further information	on concerning this matter, please o		icationy
SUSEL FERNANDE		786 343-0073	
	ne of Person	at ()	Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	 S55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	 S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Ado	dress:	Street Address:	
Registratio	on Section	Registration Sec	
Division o P.O. Box (of Corporations 6327	Division of Corp The Centre of T	
	re, FL 32314	2415 N. Monroe Tallahassee, FL	e Street, Suite 810 32303

TO:18506176383 FROM:3053844684

Page:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Name of New Registered Agent: New Registered Office Address:	F&L ACCOUNTING SERVICES 2414 NW 87TH PLACE. SUITE Enter Flor DORAL City		
	2414 NW 87TH PLACE. SUITE	2414	
	RAL ACCOUNTING SUBVICES		
B. If amending the registered agent and/or agent and/or the new registered office add	5	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	gistered
CHARITY AGUITESS TEAT DE A FOST OFFIC			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E DAVI		
(Principal office address MUST BE A STRI	EET ADDRESS)		<u> </u>
Enter new principal offices address, if app	licable:	r.	<u>.</u>
The new name must be distinguishable and contain the	e words "Limited Liability Company," the d		
A. If amending name, enter the new name	of the limited liability company he	ere:	ನ ಎ ;
Florida document number L18000257315 This amendment is submitted to amend the fo	ollowing:		70 70 H AR 3
The Articles of Organization for this Limited Liability Company were filed on 11/01/2018		and assigno	ed
· :	nited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	
(Name of the Lir			

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

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TO:18506176383 FROM:3053844684

03/31/2020 11:47 AM PDT

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	JOSE D PAPO	3111 N UNIVERSITY DR STE 105	
		CORAL SPRINGS, FL 33065	□Remove
MGRM	CARLA V BUSTOS	3111 N UNIVERSITY DR STE 105	Chan 220 MAR 3
		CORAL SPRINGS, FL 33065	□Add 录 3 :: □Remo ve
			□Remo+e □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
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			□Change

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