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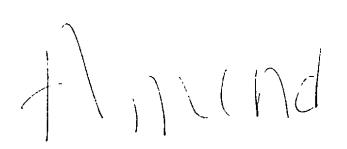
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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AUG 1 8 2020 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: American Pan Lines LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Neville Thompson Name of Person
American Pamhines LLC Firm/Company
H165 NW 3H Wall hondrale hotels/FT 33309 North hand date FT 33068 City/State and Zip Code
E-mail address: (to by used for future annual report notification)
For further information concerning this matter, please call:
Neville Thompson at (954), 338 1565 Name of Person at (954) Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of S

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

American Pam	Lines	LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears ted Liability Company)	on our records.)				
The Articles of Organization for this Limited Liability Company were filed on $06-01-200$ and assigned Florida document number $6-2000140727$.						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> :				
The new name must be distinguishable and contain the words "Limited L	iability Company," the de	signation "LLC" or the abbrevia	tion "L.L.C."			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		707			
			<u> </u>			
		•				
Enter new mailing address, if applicable:	~ 		- 6 · Li			
(Mailing address MAY BE A POST OFFICE BOX)		·-·	<u> </u>			
	 					
			39			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our re	cords, <u>enter the name of t</u>	the new registered			
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Flori	da street address	1			
		, Florida	<u> </u>			
	City	Zi	p Code			
New Registered Agent's Signature, if changing Registered Age	ent:					

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 Address Name Type of Action Morth Lord dale R3368 PREMOVE MGR Nevielle Thompson 4165 NW 34 Way DAdd

Landradole Lates Pt Remove

33309 Thange ₽PV□ □Remove _____ 🗀 Add □Remove □Add □Remove

☐ Change

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fective	date, if other than the date of filing: (optional)
n effecti	date, if other than the date of filing:
	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records.
	'
ecord si	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
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	·
	Signature of a member or authorized representative of a member
	Hicia Dowie Typed or printed name of signee
	I(U) $I(U)$

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Filing Fee: \$25.00