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## **COVER LETTER**

TO:

	ion Section of Corporations		
	AMERICANA HOLDINGS LLC		
SUBJECT:	Name of Li	mited Liability Company	<del></del>
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing.	
Please return all co	orrespondence concerning this matte	r to the following:	
	THAMARA PEREZ		
		Name of Person	· · · · ·
	TABADESA ASSOCIAT	TES INC	
		Firm/Company	
	419 W 49th STREET, SU	ATE 111	
	_	Address	<del></del>
	HIALEAH, FL 33012		~2
	TAMMYP@TABADESA	City/State and Zip Code .COM	2020 AUG TO SEGNELAN TALLAHN
	•	(to be used for future annual report notification)	
For further informa	ation concerning this matter, please	call:	
THAMARA PERI	EZ	305 558-0622	AH 8: 22
,	Same of Person	at () Area Code Daytime Telephor	ne Number 🙃 🔞
Enclosed is a check	c for the following amount:		
<b>■</b> \$25.00 Filing I	Fee S30.00 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)
Division P.O. Box	tion Section of Corporations	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	see

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ny as it now appears on our iability Company)	records.)	
he Articles of Organization for this Limited Liability Company v	were filed on 06/16/2020	and as	signed
lorida document number 1.20000166408			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liabil	lity company here:		
he new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation	n "LLC" or the abbreviation "L	L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
	<del></del>	020 A	- 9
		AUG AUG	. 1-2371
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		CA DE	
		<u> </u>	<u> </u>
		产品 PS	
<ul> <li>If amending the registered agent and/or registered office ac gent and/or the new registered office address here:</li> </ul>	ddress on our records,	enter the name of the ne	<u>w regis</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	adáress	
	<u></u>	Florida	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

PANAMERICANA HOLDINGS LLC

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
MGR	Sebastian Gaston Iglesias Ciocca	419 W 49th ST. SUITE 111	≣Add
		HIALEAH, FL 33012	□Remove
			□Change
			🗀 Add
			□Remove
		<del> </del>	□Change
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ective date, if other than the	date of filing:	3/07/2020		(optional)	
effective date is listed, the date muse: If the date inserted in this bl					
ument's effective date on the D					
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cord specifies a delayed effective filed.	e date, but not an e	ffective time, at 1	2:01 a.m. on the earli	ier of: (b) The 90th	day after the
ed AUGUST 8th	2( 	)20			

Typed or printed name of signee