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Special Instructions to I	Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor			
	PATANEM	O, L.L.C		
SUBJE	СТ:			
		Name of Lim	nited Liability Company	
The enc	losed Anicles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		JULIAN II QUEZADA		
			Name of Person	
		PATANEMO, L.L.C		
			Firm/Company	
		4200 SUMMIT CREEK B	BLVD, STE 9210	
			Address	
		ORLANDO, FL32837		
			City/State and Zip Code	
		JHQUEZADA@GMAIL.C	to be used for future annual report notil	(Carlian)
			•	ncadon)
		oncerning this matter, please ca		
JULIAI	N II QUEZADA		954 3265451	
	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed	d is a check for th	e following amount:		
■ \$2 5	.00 Filing Fee	☐ \$30.00 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)

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

PATANEMO, L.L.C.	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on	23-2020 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :
he new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	76.00
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
· 	<u>ω</u>
3. If amending the registered agent and/or registered office address on our re	cords, enter the name of the new regi
gent and/or the new registered office address here:	11: 07
Name of New Registered Agent:	
New Registered Office Address:	
Enter Plone	da street address
	Florida
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>	<u>Address</u>	Type of Action
MGR	GLADYS AURORA POZO DE QUEZADA		
			≣Remove
			□Change
MGR	JULIAN N QUEZADA CORCUERA		
			■Remove
			□Change
			□Remove
			☐ Change
			□Add
			Петюче
			☐ Change
			□Add
			□ Remove
			□Change
			□ Add
			□Remove
			□Change

		
		
 		
		
Effective date, if other thar	n the date of filing: (optional)	
	te must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant this block does not meet the applicable statutory filing requirements, this date will not be	
	the Department of State's records.	e nated na
	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
rd is filed.		
October 06	2020	
Dated		
Tulian	thereof !	
- June	Signature of a member or authorized representative of a member	
11 D 1 4 8 2 1 1 7 M D "7		
JULIAN II QUEZ.	ADA	
	Typed or printed name of signee	-