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.

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To:	Division of Corporations			Z Z Z	5
	Fax Number ; (850)617-6383	}		386 30.	PK
C-0				mes	
From:	Account Name : GBS CONSULTAN	ITS, INC.		근물	1:55
	Account Number : I20050000012			L.J.	Ci
	Phone : (954)659-8835 Fax Number : (954)301-0417				
	the email address for this busing nual report mailings. Enter only Email Address:corprecords@gbsgr	one email	address ple		
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Electronic Filing Menu

Corporate Filing Menu

Help

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

INVERSIONES PAMERALPA, L	LC		
(Name of the Limi	ted Liability Company as it now apper (A Florida Limited Liability Company	arş on our records.))	
The Articles of Organization for this Limited L	07/14/2021	and assigned	
Florida document number L21000322982	··		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the	designation "L1.C" or the abbody	ation L.C."
Enter new principal offices address, if applied	eable:		<u>E</u>
(Principal office address MUST BE A STREE	ET ADDRESS)	NS X	- -
Enter new mailing address, if applicable:		SEE, FL	PH -: 55
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office address on our	records, enter the name of	the new registered
agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	EZCOMPLIANCE, LLC		
New Registered Office Address:	3350 SW 148TH AVE. SUITE		
	Enter F	lorida street address	
	MIRAMAR	, Florida	· · · · · · · · · · · · · · · · · · ·
	City	2	tip 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	CHARLOT, EMMANUEL	18975 COLLINS AVE. APT 3603	□Add
		SUNNY ISLES BEAC, FL 33160	☐ Remove
			□Change
			□Add
			Remove
			□ Add
			🗀 Remove
			□Change
			□ Add
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			□Change
			□Add
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			(☐Change
			🗀 Add
			Remove

□ Change

D. If amending any other information	n, enter change(s) here: (Attach additional sheets, i	f necessary.)

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F - Effective date, if other than the da	te of filing:		(optional)
E. Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable	date of filing or more than 90 day e statutory filing requiremen	s after filing.) Pursuant to 605.0207 (3)(ts, this date will not be listed as the
If the record specifies a delayed effective da record is filed.	ate, but not an effective time	, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated SEPTEMBER 14TH	, 2022		
CLD #B	_		
PABLO COLELLA (Sep 14, 2022 14 29 EDI) Sig	nature of a member or authoriz	ed representative of a member	
	PABLO	COLELLA	

Typed or printed name of signee