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COVER LETTER

TO: Registration Se Division of Cor							
AND DESCRIP	Panara	L.C.					
SUBJECT:	Panary Named Limi	ted Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	S	SSEJ OBERTAN					
		Name solverson					
		Firm/Company	20 7				
	11629 N	Kendell Di					
	Miami	FL 334	ARY OF S				
		1	ing Course				
For further information c	oncerning this matter, please ca	all:					
Santiac	10 WPerson	at (<u>305</u>) <u>487</u> Area Code Daytime	2175 e Telephane Number				
Enclosed is a check for t	he following amount:						
☐ \$25.00 Filing Fee	(V \$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)				
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sec	ction				
Division of C	Corporations	Division of Corporations					
P.O. Box 632	27	The Centre of T	allahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Panara L	1 c		
(Name of the Limited Leability Comp (A Florida Limited	<u>iany as it now appears (</u> Liability Company)	in our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100040394</u> 8	y were filed on	09/13/202	1 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			7021
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		RETARY OF STATE	SEP 24 PH 2:
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our rec	ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
		, Florida	Zip Code
	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 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	<u>Name</u>	Address	Type of Action
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		Midmi Beach FL 334	<u>41</u> □Remove
			CChange
AMBR	Santiago Lasa	6345 Collins av.	[W Add
		Miami Beach, FL, 33	<u>141</u> □Remove € 28
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'CC. atlan	e date, if other tl	san tha data af	f filings				(n	ptional)		
fan effecti	tive date is listed, the	date must be speci	ific and canno	ot be prior to	date of filing	g or more the	ın 90 days a	itter filing.)	Pursuant	to 605.020
<u>Note:</u> 11 t document	the date inserted in serted in series	n this block does on the Departme	s not meet tr nt of State's	ne applicabl records.	e statutory	ming requ	iiremenis,	this date w	an nou	oe usted a
	specifies a delayed	effective date, b	out not an ef	fective time	e, at 12:01	a.m. on the	earlier of	(b) The	90th da	y after the
rd is filed.										
Dated '	04/23/	2021					1			
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Filing Fee: \$25.00