

h21000501794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

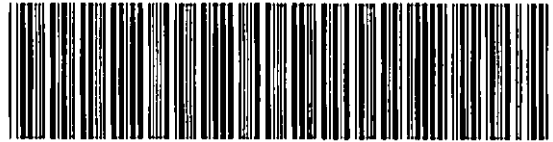
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
DEC - 7 2022

Office Use Only



400394360494

09/12/22--01028--010 **25.00

2022 SEP 12 PM 1:12
SECRETARY
FALL 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PAN INT'L ENTERPRISES 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:

PIERRE SHIRLEY

Name of Person

PAN INT'L ENTERPRISES LLC

Firm/Company

1318 SE 1ST AVENUE

Address

FORT LAUDERDALE, FL. 33316

City/State and Zip Code

PIERRE.SHIRLEY@ME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PIERRE SHIRLEY

786 818-3581

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

2022 SEP 12 PM 1:11
SECRET
ur records

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

SUPERIOR CHOICE INVESTMENTS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

1318 SE 1ST AVENUE

FORT LAUDERDALE, FL. 33316

1318 SE 1ST AVENUE

FORT LAUDERDALE, FL. 33316

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

Civ

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

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: SEPTEMBER 8, 2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 8.

2022

Signature of a member or authorized representative of a member

PIERRE SHIRLEY

Typed or printed name of signee

Filing Fee: \$25.00