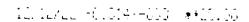
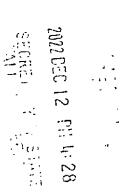


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Office Use Only







COVER LETTER

Registration Section Division of Corporations

TO:

	APITAL PARTNERS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	SUSAN CHEMEN		
		Name of Person	
	SUSIE CHEMEN CONSU	ILTING LLC	
		Firm/Company	
	20900 NE 30th Ave Suite	800-	
		Address	
	AVENTURA FI. 33180		20
	· //	City/State and Zip Code	SECRETAL STATE OF THE PROPERTY
	suchemen@hotmail.com		EC
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
SUSAN CHEMEN		305 469 6873	2
Name o	of Person		e Telephone Number 🕠 😊
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing 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)
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAMPA CAPITAL PARTNERS LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 13, 2022 and assigned Florida document number L22000034504 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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: (Mailing address MAY BE A POST OFFICE BOX) (A) 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 address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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

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 ALDO W. SILVEIRA		4746 NW 107th Ave. Apt. 1010	≅ Add
		Doral, Fl. 33178	□Remove
			□ Change
MGR	SILVER STORM INC	4746 NW 107th Ave. Apt. 1010	□ Add
		Doral, Fl. 33178	≅ Remove
			□Change
		202EAdd.	
		☐Remove	
		☐ ☐ €hange	
			□Add
		□Change	
		□Add	
		Remove	
		 	🗆 Add
			□Remove
			□Change

			
			
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e: If the date inserted in this block does not meet the applicable statutory fil	more than 90 days after filir ling requirements, this da	ig.) Purs te will	mant to 605.0 not be listed
ument's effective date on the Department of State's records.			
ord specifies a delayed effective date, but not an effective time, at 12:01 a.n	n, on the earlier of: (b)	The 90t	h day after i
filed.			-
November 30 2022 /			
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