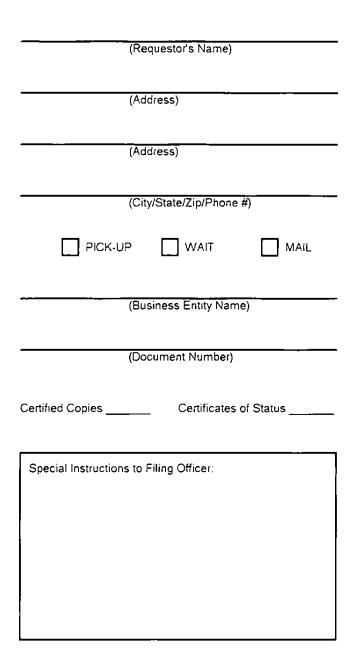
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Office Use Only



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COVER LETTER

	stration Sectionsion of Corpora			
SUBJECT: _	Pa	m's Place Name of Limit	ited Liability Company	· ————————————————————————————————————
The enclosed a	Articles of Ame	endment and fee(s) are sub-	mitted for filing.	
Please return a	all corresponder	nce concerning this matter	to the following:	
	-		2m Llobell Name of Person	
famis P	lace LLC	-> Pammi	Cakes 1121 L	LLC
	-	2023 f	Pond Ridge Ct Address	- unit 804
	-	Fleming Pamlle E-mail address: (1	Sland Florid City/State and Zip Code Sbell Q Grant o be used for future annual report not	LOM (AamlloBELLIDgmail.au
For further inf	ormation conce	erning this matter, please ca		
Pa	Name of Per	oben son	at (<u>L31</u>) <u>872</u> Area Code Daytin	HO55 ne Telephone Number
Enclosed is a	check for the fo	llowing amount:		
\$25.00 Fil	ling Fee C	330.00 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

PAM'S Plan	ce LLC		
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on eted Liability Company)	our records.)	
Fine Articles of Organization for this Limited Liability Compa Florida document number <u>L22000 2 15 73</u>		104/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited 1 A. If amending name, enter the new name of the limited 1 The new name must be distinguishable and contain the words "Limited 1.	11 LLC	ation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			202
Principal office address MUST BE A STREET ADDRESS	2		<u> </u>
Enter new mailing address, if applicable:		· · · · ·	
Mailing address MAY BE A POST OFFICE BOX)		22.5	<u>:</u> 50
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our record	is, <u>enter the name of</u>	the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	reet address	
	***	, Florida	<u></u>
	City	7	Lip 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
		<u> </u>	□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) -1N# 99-2103078
(1N# 19-210 3070
,	
(If an ef Note:	fective date, if other than the date of filing:
ord is f	
Dated	3/24/2024 Januar
	Signature of a member or authorized representative of a member
	Pama Slobell
	Typed or printed name of signee

. . . ,