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COVER LETTER

TO:	Registration Se Division of Coa			
SUBJEC		NDA CACERES LLC		
SUBJEC	<u>-</u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Carolina Rodriguez		
			Name of Person	
			Firm/Company	
		2980 NE 207 St, Suite 328	3	
			Address	
		Aventura Ft. 33180		
		City/State and Zip Code		
		CAROLINA@ALLIANCE	TE.COM to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please c	•	
Carolina	Rodriguez		786 2399236 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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 Addres		Street Address:	
	Registration S Division of C		Registration Sec	
	DIVISION OF C		Division of Corp	

P.O. Box 6327

Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

PANARANDA CACERES LLC		
(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our recorded Liability Company)	<u>v.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L23000026625</u>	any were filed on 01/12/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
PENARANDA CACERES LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2023 SEC
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		25 AM 9: 49 ANY OF STATE WINNESSER, FI
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>enter l</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	

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>	<u>Address</u>	Type of Action
*****			□Add
			□Remove
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			Channa

(If an effective Note: If the	date, if other than the date of filing:
he record sp ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2023 2023
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00