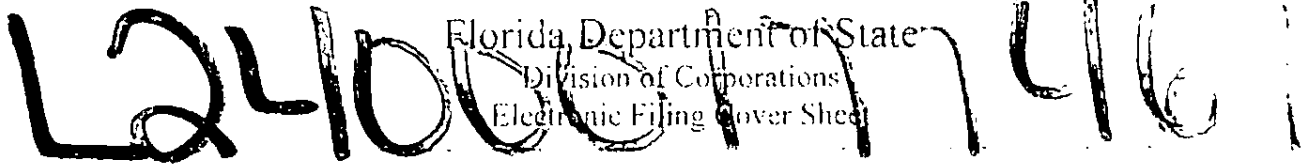


12/18/24, 9:26 AM

Division of Corporations



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(((H24000415274 3)))



H2400041527434805

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To:

Division of Corporations
Fax Number : (350)617-6383

From:

Account Name : TAX, ACCOUNTING & FINANCIAL PRO, INC
Account Number : 120120000058
Phone : (305)760-2411
Fax Number : (866)895-8710

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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PAN DELAGUA LLC

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December 17, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PAN DEL AGUA LLC
2980 NE 207TH STREET STE 405
AVENTURA, FL 33180US

SUBJECT: PAN DEL AGUA LLC
REF: L24000177467

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H24000404272
Letter Number: 724A00027328

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PAN DEL AGUA LLC

(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 04/15/2024 and assigned
Florida document number L24000177467.

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 "LLC."

Enter new principal offices address, if applicable:

19380 COLLINS AV, APT 1216

(Principal office address MUST BE A STREET ADDRESS)

SUNNY ISLES BEACH, FL, 33160, USA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City, Florida, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARTIN COLOMBRES GARME	222 POINCIANA DR	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS NOSIGLIA	19380 COLLINS AV, APT 1216	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (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 DECEMBER 09 2024

Signature of a member or authorized representative of a member

MARTIN COLOMBRES GARMENDIA

Typed or printed name of signer.

Filing Fee: \$25.00