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SECRETARY OF STAT
WILL WHASSEE, FLORM

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OCT 24 2013

R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: PAN Ame	rican Socier Corporation
DOCUMENT NUMBER: N 130000	2817
The enclosed Articles of Amendment and fee are submitte	d for filing.
Please return all correspondence concerning this matter to	the following:
Luis A. M	↑ ∪ D O Z me of Contact Person)
	^
Pan Americ	(Firm/Company)
	(Time Company)
1924 Su) 3 rd ST. CapeCoral, F1. 3399 (Address)
	P. F. 33991 · v. State and Zip Code)
(Cit	y/ State and Zip Code)
E-mail address: (to be used for	25 O XA 100. Com future annual report notification)
For further information concerning this matter, please call:	
Luis Muvoz	at (239) 745-0888 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable	e to the Florida Department of State:
(4	43.75 Filing Fee & S52.50 Filing Fee ertified Copy Certificate of Status Additional copy is nclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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Articles of Amendment

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KETUKNED CHE	CV	to		i 13,	C U
		Articles of Inc	orporation	44. 844	_
. ^	_	of		130 GCT I	8 2:41
PAN Ame	rican	Socces	· Corpo	50 tellowing	Y OF CTATE
(Name of Corporation as cu	rrently filed v	vith the Florida D	ept. of State)	13) GCT I CONTECNEDAR TALLAHASS	EE, FLORIDA
N 130000					
70 + 50000		umber of Corporati	on (if known)	<u> </u>	
Pursuant to the provisions of section amendment(s) to its Articles of Inco		orida Statutes, this a	Florida Not For Pr	<i>ofit Corporation</i> ad	opts the following
A. If amending name, enter the n	ew name of th	e corporation:	N/A	-	The new
name must be distinguishable and c			r "incorpordied" of	the abbreviation "	
"Company" or "Co." may not be u	sed in the nan	<u>ne</u> .		1/4	
B. Enter new principal office add	lress, if applic	able:	\mathcal{N}	14	
(Principal office address <u>MUST Bi</u>	E A STREET A	<u>ADDRESS</u>)	/		
C. Enter new mailing address, if (Mailing address MAYBEAP		<u>BOX</u>)	N	/A	
			/	, ,	
					
D. If amending the registered age	ent and/or reg	istered office addr	ess in Florida, ent	er the name of the	
new registered agent and/or the					
Name of New Registered A	gent:		NA		
			,		
New Registered Office Ad	ldress:	(Florida	street address)		
 					
		(City)		_, Florida	
		(City)		(2	(ip Code
New Registered Agent's Signatur I hereby accept the appointment as	e, if changing registered age	Registered Agent: ent. I am familiar v	t with and accept the	obligations of the p	osition.
	Signa	ture of New Registe	red Agent, if chang	ing	

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer. Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:		FILING CANCELLED		
X Change X Remove X Add	V Mike	Doe RETURNE	D CHECK	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change Add Remove	VP.	Iliana Musoz	1924 SW 3 ST Cape Graf, Ff. 33991	
2) Change	<u>VP</u>	Blanca EVA Royps	24 Apache ST Lehigh Acres, Fl. 33936	
Remove 3) Change Add Remove	<u>Sec</u> .	Alexis Muvoz	1924 SW 3 to 5T. Cape Corol, Fl. 33991	
4) Change Add Remove	<u>Sec</u>	Salvador Penagos	24 Apache ST. Lehigh Acres, Fl. 33936	
5) Change Add Remove				
6) Change Add Remove				

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(attach additional sheets, if necessary).	(Be specific)	ze(s) here:	RETURNED C
		N/H	
	=		
· · · · · · · · · · · · · · · · · · ·			<u> </u>

The date of each amendment(s) ad-	option:	, if other than the
date this document was signed.	w//,	<i>A</i>
Effective date <u>if applicable</u> :	\mathcal{N}/\mathcal{P}	
	(no more than 90 days after amendi	ment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of l.	votes cast for the amendment(s)
There are no members or memb adopted by the board of directo	pers entitled to vote on the amendment(s).	
		FILING CANCELLED
Dated	<u>'v - 9 - 13</u>	RETURNED CHECK
Signature		
have not bee	man or vice chairman of the board, president on selected, by an incorporator — if in the happointed fiductary by that fiduciary)	ent or other officer-if directors nands of a receiver, trustee, or
	Luis Munoz	
	(Typed or printed name of person signing)
	President	
	(Title of person signing)	