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## **COVER LETTER**

TO: Registration S Division of Co			a. ^.a
SUBJECT:	PANCING	LUATERS LCC	O 415
	Name of Lin	nted Liability Company	PO HARAL PR
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	<b>.</b>
Please return all corresp	ondence concerning this matter	to the following:	
	(PCAR)	A PEASE Name of Person	
		Name of Person	
		Firm/Company	-
	Po	Box 948	
		Address	
	THUI	MA CH BOT	4CH FC 32407
	lauree	City/State and Zip, Code a Colmerald View,	ersuels Com
	iz-mati addicas. (	to oc used for facure annual report non	fication)
for further information of	concerning this matter, please c	all:	
·	a Pensi-	at (SSC) 234 · Z Area Code Daytim	2002
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

(Principal office address MUST BE A STREET ADDRESS)

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

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

Title	<u>Name</u>	Address	Type of Action
	•		
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	<u> </u>
(If an ef Note:	ive date, if other than the date of filing:
f the red b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	<u> 11/8 2019</u> .
	Signature of a member of authorized representative of a member
	CLARA POTEST
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00