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(City/State/Zip/Phone #)

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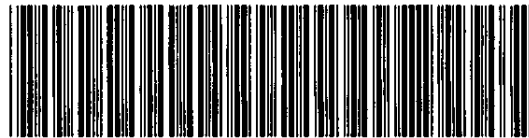
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pantheon Management, L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan K Flynn, Esq

Name of Person

Gravitas LLC

Firm/Company

1343 Main St., Ste 700

Address

Sarasota, FL 34236

City/State and Zip Code

skflynn@gravitasfla.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan K Flynn

at (941) 364-4400

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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TALLAHASSEE, FL 32301

Pantheon Management, L.L.C.

(A Florida Limited Liability Company)

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	Randall A Bono	1343 Main St	☐ Add
		Sarasota, FL 34236	☒ Remove
MGRM	Michael E Fitzgerald, CPA	322 State St	☐ Add
		Alton, IL 62002	☒ Remove
MGRM	JoAnn Bono	1343 Main St, Ste 700	☒ Add
		Sarasota, FL 34236	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

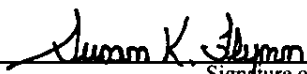
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Oct 31, 2014


Signature of a member or authorized representative of a member

Susan K Flynn, Esq.

Typed or printed name of signee

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