Division of Corporations Electronic Filing Cover Sheet

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(((H150001927073)))



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To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : 120000000205

: (305)416-6800

Fax Number

: (305)416-6811

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

Email 1	Address:				
CINALL	Addiess.				 _

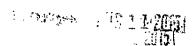
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Corporate Filing Menu

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ADAMS GALLINAR PA

PAGE 02/05 (((H15000192707 3)))

COVER LETTER

		stration Sec				
SUBJEC		PANTRO V	VHITE L.L.C.			
SUBJEC	.li ,		Name of Lim	ited Liability Company		
				•		
The enclo	osed	Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn	all correspo	ndence concerning this matter	to the following:		
			Diane M. Hernandez			
			Piane M. Hernandez Diane M. Hernandez Name of Person Adams Gallinar, P.A. Firm/Company 1000 Brickell Avenue, Suite 300 Address Miami, Florida 33131 City/State and Zip Code dhernandez@agilaw.com E-mail address: (to be used for future annual report notification)			
			Adams Gallinar, P.A.			
				Firm/Company		
			1000 Brickell Avenue, Sui	te 300		
				Address		
			Miami, Florida 33131			
				City/State and Zip Code	:	
				to be used for future annua	d report notifica	tion)
For furth	er in	formation co			,	····,
Diane M	ſ. He	mandcz		305 4	16-6800	
		Name of	Person	at () Area Code	Daytime To	elephone Number
Enclosed	lisa	check for th	c following amount:			
S \$25,0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Fiting Fee Certified Copy (additional copy is ea		□ \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
		MAILI	NG ADDRESS:	STREE	T/COURTER	ADDRESS:

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

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

FIL FASE 03/05 (((H150001927073))) 2015 AUG 10 AM 8: 26

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETA CALLARAS	5.5 3.5	(aī fi, p	S [I E Da

P.A.	ANTRO WITT	E L.L.C.	
(Name of the Limited Liabi (A Floric	ility Company as da Limited Liabil	it now appears on our r	ecords.)
The Articles of Organization for this Limited Liability Florida document number L11000041643	Company wer	e filed on 04/06/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability	company here:	
The new name must be distinguishable and contain the words "Li	mited Liability C	ompany," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
	-		
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office advanced of New Registered Agent: New Registered Office Address:		Emer Florida street	oddress
			, Florida
New Registered Agent's Signature, if changing Register		City	Zip Code
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	t and agree to complete perj agent as prov red office add	formance of my dutic ided for in Chapter	es, and I am familiar with and 505, F.S. Or, if this document is
	If Changing	Registered Agent, Signs	ture of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
MGRM	Patricia Bastidas	3131 NE 188th Street	
		Unit 2310	■ Remove
٠		Aventura, Florida 33180	☐ Change

			Remove
			☐ Change
			□ Add
			Remove
			Change
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			D Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change

Effective date, if other than the date of filing: (optional) If meffective date, if other than the date of filing: (optional) If meffective date is listed, the date must be specifie and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Nate: (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. The ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated August 10 2015 Signature of a intember of authorized representative when the member of authorized representative against the member of authorized representative.	If amending a	ny other inform	iation, enter cl	hange(s) here:	(Attach add	itional sheets	, if necessary	ı.)	
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Robert R. Adams. Feg. Authorized Perrosentative			Signature of a m	tember of authori	zed representati	ve of a member	-		
	Raha	ert R. Adama Pa-	A nebowined D =			<i>(</i>)			

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Filing Fee: \$25.00