L120000 52419

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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June 28, 2016

ENRIC SPENCE 10010 SW 11TH STREET PEMBROKE PINES, FL 33025

SUBJECT: PANORAMIC HOME SOLUTIONS LLC

Ref. Number: L12000152419

We have received your document for PANORAMIC HOME SOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 616A00013536

COVER LETTER

TO: Amendment Section

Division of Corporations

| · | | | | |
|---|-----------------------------|-----------------------|---|------------|
| NAME OF CORPORATION: Panara | mic t | tome | Solutions | |
| DOCUMENT NUMBER: | 00 15 | 2419 | 1 | |
| The enclosed Articles of Amendment and fee are | submitted for fi | iling. | | |
| Please return all correspondence concerning this n | atter to the fol | lowing: | | |
| Enric | Spev Name of | 1Ce | on | |
| ^ | Name of | Contact 1 crs | OII | |
| Panorqu | nic Ho | orne S | dutions u | vrc_ |
| | | | | |
| 10010 54 | J 11th | Stree | <u>+</u> | |
| | A | ddress | | |
| Pembroka | Pine | s FL | + - 33025 | |
| - | City/ State | e and Zip Co | de | |
| E-mail address: (to be | <u></u> ρα rused for future | no hov annual repo | mes -COM rt notification) | |
| For further information concerning this matter, ple | ase call: | | | |
| Enric Spence Name of Contact Person | a | 1. 954 | 1 553 - 2 | 2153 |
| Name of Contact Person | | Area C | Code & Daytime Teleph | one Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | |
| \$35 Filing Fee Sectificate of Status | Certified | nal copy is | □\$52.50 Filing Fee Certificate of Sta Certified Copy (Additional Copy is enclosed) | tus |
| Mailing Address | | Stree | et Address | |
| Amendment Section | | | ndment Section | |
| Division of Corporations | | | ion of Corporations | |
| P.O. Box 6327 | | | on Building | |
| Tallahassee, FL 32314 | | 2661 | Executive Center Circle | e |

Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

| Panoranic Home Solutions |
|---|
| (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 12/6/2012 and assigned Florida document number 12000152419. |
| 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 "L.L.C." |
| Enter new principal offices address, if applicable: |
| (Principal office address MUST BE A STREET ADDRESS) |
| 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 , Florida |
| 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 |

If Changing Registered Agent, Signature of New Registered Agent

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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|--------------------------|----------------|
| AMBR | Clyde Gray | Jurise , Florida, 33313 | © Add |
| | J | Survise , Florida, 33313 | Remove |
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| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing of lote: If the date inserted in this block does not meet the applicable statutory focument's effective date on the Department of State's records. | (optional) or more than 90 days after filing.) P iling requirements, this date wi | ursuant to 605.0 |
| e record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed. | | the earlier |
| Signature of a member or authorized representation Envic Spender Typed or printed name of signer | | |
| Signature of a member or authorized representa | tive of a member | |
| Enric Spence | | |

Page 3 of 3

Filing Fee: \$25.00