

L13000021124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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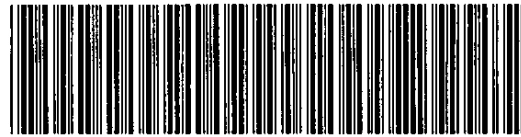
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 26 2015

T. HAMPTON

**FREYA MELINDA PETERS, ESQ.**  
**ATTORNEY AT LAW\***  
**12 RING LANE**  
**CARMEL VALLEY, CALIFORNIA 93924**  
**E-Mail: freyapeterslaw@gmail.com**

**Additional Addresses:**

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**New York, New York 10003**

**327 Waverley Street**  
**Palo Alto, California 94301**

**Areas of Practice:**

**Entertainment & Media Law**  
**Intellectual Property Law**  
**Civil Litigation**  
**Real Estate Law**  
**Probate Law**  
**Corporate Law**  
**\*Admitted in CA and NY**

**VIA CERTIFIED MAIL**

August 21, 2015

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

RE: Panoramik Productions LLC

Dear Sir or Madame:

This office represents Panoramik Productions LLC.

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

Please return all correspondence concerning this matter to the following:

Freya Peters, Esq.  
Law Offices of Freya Peters  
12 Ring Lane  
Carmel Valley, California 93924  
freyapeterslaw@gmail.com

For further information concerning this matter, please call Freya Peters at (303) 589-8428.

Enclosed is payment in the amount of twenty-five U.S. dollars (\$25.00) for the filing fee. No certified copies or certificate of status is requested at this time.

Thank you for your assistance.

Sincerely,



Freya Melinda Peters, Esq.

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

PANORAMIK PRODUCTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on February 11, 2013 and assigned  
Florida document number L13000021124

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

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Joel Gossett	1782 PIERCE DRIVE	<input type="checkbox"/> Add
		LAKE WORTH, FLORIDA 33460	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Emily Subko f/k/a Emily Gossett	613 SOUTH LAKESIDE DRIVE	<input type="checkbox"/> Add
		LAKE WORTH, FLORIDA 33460	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 20, 2015

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

FRIEYA PETERS, ESQ.

Typed or printed name of signee

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