## 1300033835

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	e)	
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SECRETARY OF STATE TALLAHASSEE, FLOODS

MAY 1 8 2016 S. YOUNG

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: <u>SVRO</u>	Multi Service Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Lishia	Davis Name of Person	P'S
	_ SHRO MW	Firm/Company	CCRETARY CCRETARY 16 APR 17
	_ PO BOX 13	381 Address	
	Chiefland, F	City/State and Zip Code	15: 52 52
	E-mail address: (	to be used for future annual report notifi	cation)
For further information con	ncerning this matter, please ca	all:	
Lishia Day Name of I	Person	at (352) 507-5 Area Code Daytime	CA3 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit	y Company as it now appears on our records.)
(A Florida	Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 3513 and assigned
Florida document number <u>L13000033835</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The Purde Panda, 11	<u>C</u> .
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	le 5 Main St. = ZA
(Principal office address MUST BE A STREET ADDR	ESSI Chiefland, FI
	32626
Enter new mailing address, if applicable:	PD Box 1381 gr 37
(Mailing address MAY BE A POST OFFICE BOX)	Chiefland, Fl
	321,44
P. If amonding the registered agent and/or registered	tered office address on our records, enter the name of the new
registered agent and/or the new registered office addr	
<u>.</u>	
Name of New Registered Agent:	shia Davis
New Registered Office Address:	S Main St. Enter Florida street address
CP	inefland, Florida 32626
	City Zip Code

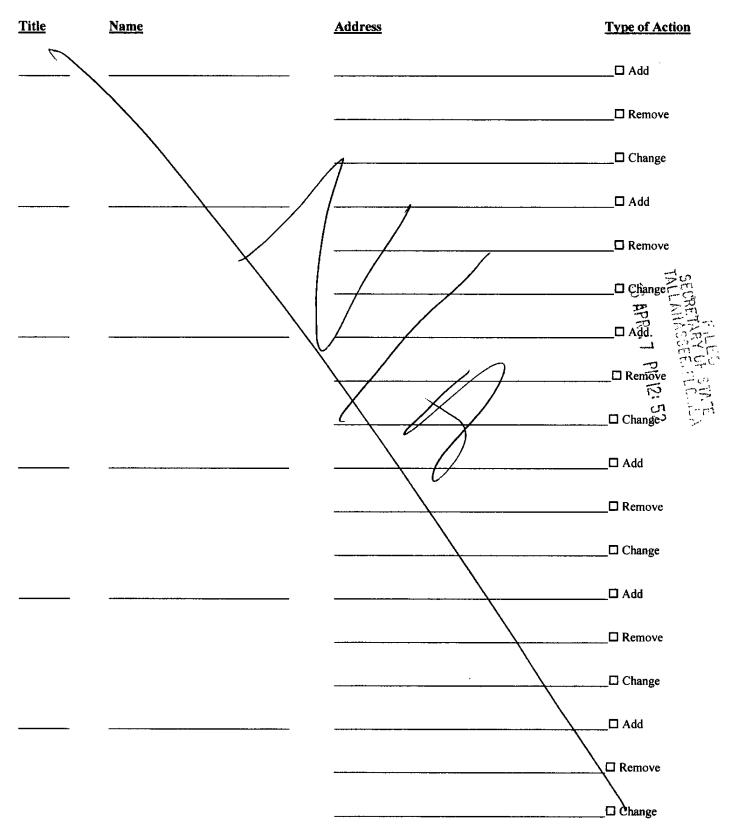
New Registered Agent's Signature, if changing Registered Agent:

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



D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
This arrendment is to correct the filling of the
Ficticials name "The Pogoda", article G11000039286.
I was incorrectly directed that it would change the
LLC Nomes. Are fund of \$100 has been promised upon reciept
of this armodorest.
55
``سيد
PH 12:
E. Effective date, if other than the date of filing:
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 5(1), 1(e)
Signature of a member or authorized representative of a member
Listia Davis
Typed or printed name of signee

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Filing Fee: \$25.00