1300063724

(Red	questor's Name)	
(Ädd	dress)	· · · · · · · · · · · · · · · · · · ·
(Add	dress)	
(City	y/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



500277776925

10/06/15--01018--015 **25.00

15 OCT -6 AM IO: 33

OCT 0 9 2015

Y SULKER

COVER LETTER

1

Div	ision of Corp	orations		
SUBJECT:	PANTRO E			
Sobole I.		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Leonardo Emperador		
			Name of Person	
			Firm/Company	
		3131 N.E. 188 Street, Apt	2310	
			Address	
		Aventura, Florida 33180		
			City/State and Zip Code	
		lemperador@hotmail.com		
		E-mail address: (t	to be used for future annual report notif	ication)
For further i	nformation co	ncerning this matter, please ca	ail:	
Leonardo E	meperador		786 302-4854at () Area Code Daytime	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00 F	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:

TO:

Registration Section

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

PATRO ECHO L.L.C.		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Corollary	ompany were filed on 04/30/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDR	YESS)	
		 .
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		26.00 10
		SS 6
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, <u>en</u>	ter the name of the ne
registered agent and/or the new registered office addi	tess nere.	TATE ORISO
Name of New Desistand Assets		>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	cuv	zip Coae

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

MGR = M AMBR = A	Anager Authorized Member		¹d <u>ed</u>
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGRM	Patricia Bastidas	3131 N.E. 188 Street	□ Add
		Unit 2310	Remove
		Aventura, Fl 33180	Change
			Add
			□ Remove
		<u></u>	□ Change
<u>.</u>			Add
			□ Remove
			Change
			SCEREMONE AH CONTROL OF A AND A CONTROL OF A AND A Add
			Add
			☐ Remove
			Change

_□ Remove

_□ Change

	`. -
	
	<u> </u>
	OCT AH
	HASSNA MARY
	,
	\mathfrak{P}^{Σ} ω
	<u>Ξ</u> Ξ. ω
fective 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 or more than 90 days after ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this ocument's effective date on the Department of State's records.	onal) filing.) Pursuant to 605.02 s date will not be listed
e record specifies a delayed effective date, but not an effective time, at $12:01$ a The 90th day after the record is filed.	a.m. on the earlier
ated October 5 , 2015	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00