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(Requestor's Name)					
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COVER LETTER

	Division of Corp					
SUBJEC	T. PANT	RO ECHO, LLC				
SUBJEC	· I :	Name of Limi	ited Liability Company			
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn all correspor	dence concerning this matter	to the following:			
		Patricia Bastidas				
			Name of Person			
		.	Firm/Company			
3250 NE 188th St, Unit #702						
			Address			
		Aventura	ı, Fl. 33180			
n bastidas@			City/State and Zip Code Photmail.com			
			to be used for future annual report notific	ation)		
For furthe	er information co	ncerning this matter, please ca	all:			
Patri	icia Bastidas		at (786) 302-4856			
	Name of	Person	Area Code Daytime	l'elephone Number		
Enclosed	is a check for the	e following amount:				
⊠ \$25.0	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)		
	MAILL	NG ADDRESS:	STREET/COURIE	R 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PANTRO ECHO, LLC	
(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 on04/30/2013	and assigned
Florida document number <u>I.13000063724</u> .	
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)	7
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, <u>enter</u> registered agent and/or the new registered office address here:	r the name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Clouida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Patricia Bastidas		
			□ Remove
		3131 NE 188th St, Apt 2310; Aventura, FL 33180	⊠ Change
MGRM	Leonardo Emperador		Add
		3250 NE 188TH ST, UNIT #702 AVENTURA, FL 33180	🖾 Remove
			Change
			Add
			Remove
			Change Ti
			O Addy FT
			Remove
			Change
			☐ Remove
			□ Change
			Add
			Remove
			Change

(2) horo: (Auach additional sheets, if necessary.)	
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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CES .	
E. Effective date, if other than the date of filing:	207 (3)(b) as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.	of:
Dated OC-Oberg 241, 2017. Signature of a member or authorized representative of a member	
Patricia Bastidas	
Typed or printed name of signee	

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Filing Fee: \$25.00