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SECRETARY OF STATE

APR 2 1 2015

T. HAMPTON

COVER LETTER .

TO: Registration S Division of Co		;	
SUBJECT: PANI	C EN LA PLAY	A CUATRO, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARK	BROWN MARY CT	<u> AMBERLAIN</u>
	<u>CLOUN</u> 9	ADVENTURES, L	LC
	405 SE M	112NORBLVD S	T#68
	BOCA RATOI	V FL 33432 City/State and Zip Code	
	MARY DCLOUCE-mail address:	09 AQUENTURES oC to be used for future annual report notif	<u>DM</u> Ication)
For further information	concerning this matter, please co	all:	
MARY CHAN	BERLAIN of Person	at (<u>561</u>) <u>368</u> Area Code Daytime	7-8590 ×224 Telephone Number
Enclosed is a check for t	he 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

TO ARTICLES OF ORGANIZATION OF

PANIC EN LA PLAY (Name of the Limited Liab	A CUATRO LLC illity Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L140005344	Company were filed on 4191	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line PANICEN LA PLAYA The new name must be distinguishable and end with the words "	LLC	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	50 5
STAYING THE SAME	****	AR R
		AM A
Enter new mailing address, if applicable:		SOLV O 1
(Mailing address MAY BE A POST OFFICE BOX)		70 3
STAYING THE SAME		8: 07 STWE STWE
D. If amounting the projectional arrant and/or man		' "
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		cords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	For Florida to the	_ I I
JAME	Enter Florida street	aaaress
	Cin	_, Florida
Now Degistered Agentle Signature if changing Degister	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

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member , **Type of Action** <u>Title</u> ' Name Address □ Add ☐ Remove _□ Add ☐ Remove □ Add ----□ Remove § ☐ Remove ☐ Add _□ Remove _□ Add ☐ Remove

ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Signature of a member or authorized representative of a member		
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Signature of a member or authorized representative of a member	e effective date must be specific, cannot be prior to date this document is filed by the Florida Dep	or to date of receipt or filed date and cannot be more than 90 days after partment of State)
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Page 3 of 3

Filing Fee: \$25.00

15 MAR 30 AH 8: 07 SECRETARY OF STATE TALLAHASSFE, FLORIDA