

214 0000 61884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

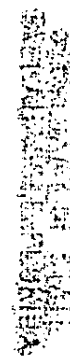
Special Instructions to Filing Officer:

Office Use Only



600270389466

03/12/15--01002--005 **30.00



15 MAR 12 PM 12:44

FILED

ENTREPRENEUR MAR 30 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRAND PANTHER, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

SCOTT MACDONALD

Name of Person

Firm/Company

2240 SE WITHAM FIELD DRIVE, SUITE 110

Address

STUART, FL 34996

City/State and Zip Code

TAMACD1@ATT.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACIE MACDONALD

at (772) 781-5900

Name of Person

Area Code

Daytime 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**

GRAND PANTHER, 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 on 04/15/2014 and assigned
Florida document number L14000061884.

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 end with 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

Florida

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	ROB THOMSON	825 PARKWAY STREET	☒ Add
		SUITE 81	☐ Remove
		JUPITER, FL 33477	
AMBR	DALE SORENSEN JR	2800 CARDINAL DRIVE	☒ Add
		VERO BEACH, FL 32963	☐ Remove
AMBR	CARLOS GAVIDIA	212 SPYGLASS LANE	☒ Add
		JUPITER, FL 33477	☐ Remove
MGR	BRUCE NEANDROSS	PO BOX 1570	☐ Add
		JUPITER, FL 33468	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

FILED
15 MAR 12 PM 12:44
JUPITER, FL 33468

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

Dated Feb 25, 2015



Signature of a member or authorized representative of a member

ROB THOMSON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 MAR 12 PM 12:44
FLORIDA DEPARTMENT OF STATE
DIVISION OF CLERK