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SUBJ	Panes	s Pro Plus LL0	C	
3000			ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Karen A. Sm	nith	
			Name of Person	
			Firm/Company	
		24 Riverben	d Drive	
			Address	
		Palm Coast,	FL 32137	
			City/State and Zip Code	
		ksmith314@cfl.rr		
			to be used for future annual re	port notification)
For fu	ther information co	ncerning this matter, please co	all:	
Ka	ren Smith	1	_{at} 386, 86	64-7364
	Name of	Person	Area Code	Daytime Telephone Number
Enclos	ed is a check for the	e following amount:		
9 \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Panes Pro Plus LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000108455</u> .	were filed on July 8, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	24 Riverbend Drive	
(Principal office address MUST BE A STREET ADDRESS)	Palm Coast, FL 32137	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	24 Riverbend Drive Palm Coast, FL 32137	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		NETA TO
	Enter Florida street address, Florida	SSECTION PM
	City	Zip Chake
New Registered Agent's Signature, if changing Registered Agent:	i	37 80 80
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, and I an provided for in Chapter 605, F.S. O	n familiar with and Or, if this document is

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Karen A. Smith	24 Riverbend Drive	= Add
		Palm Coast, FL 32137	□ Remove
			Remove
			□ Add
			🗖 Remove
			□ Add
			Remove
		HASSEE!	<u>J</u> □vakandd ;
		PLORIDA	Bemove 3
			_□ Add
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		2014	
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