

L16000049656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/04/16--01012--015 **35.00

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2016 AUG 29 P 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 30 2016
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2016

PIERRE R CONSERVE
5927 ANNO AVE
ORLANDO, FL 32809

SUBJECT: PANIC COMMUNICATION LLC
Ref. Number: L16000049656

We have received your document for PANIC COMMUNICATION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 716A00017234

2016 AUG 29 P 2:24
SECRETARY
TALLAHASSEE
FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2016

PIERRE R CONSERVE
5927 ANNO AVE
ORLANDO, FL 32809

SUBJECT: PANIC COMMUNICATION LLC
Ref. Number: L16000049656

2016 AUG 15 PM 3:34
TALLAHASSEE, FLORIDA

We have received your document for PANIC COMMUNICATION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 216A00016496

2016 AUG 29 PM 2:24
TALLAHASSEE, FLORIDA
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

panic communication

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:

PIERRE R CONSERVE

Name of Person

panic communication

Firm/Company

5927 Anno Ave.

Address

OR FL 32809

City/State and Zip Code

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

For further information concerning this matter, please call:

JOEL CONSERVE

Name of Person

at (407)

Area Code

509-1844

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG 29 P 2:20

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PANIC COMMUNICATION
(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 03-10-2016 and assigned Florida document number L16000049656

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)

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:

JOEL CONSERVE

New Registered Office Address:

5927 ANNO AVE

Enter Florida street address

ORL

Florida

32809

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.

Joel Conserve
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	JOE CONSERVE	5927 ANNO AVE	<input checked="" type="checkbox"/> Add
		MI, PI 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

FILED
 2016 JUN 28 PM 2:24
 SEC. TAFT L. STATE
 ALLAHASSEE, FLORIDA

2018 AUG 29 P 2: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 AUG 29 PM 2:26
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____

Signature of a member or authorized representative of a member

JOEL CONSERVE
Typed or printed name of signee