116000208874

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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SECRETARY OF STATE
FALLAHASSEE, FLORID.

Office Use Only

S Warren APR 2 0 2017

COVER LETTER

	egistration Services			·*
SUBJECT		a Adventures		
SUBJECT		Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırıı all correspo	ondence concerning this matter	to the following:	
		Jimi Capezzuto		
		<u> </u>	Name of Person	
		LBC		
			Firm/Company	
		35631 US HWY 19 N		
			Address	
		Palm Harbor, FL 34684		
			City/State and Zip Code	
	i	crowleys269@gmail.com		
	1	E-mail address: (1	to be used for future annual report notific	cation)
For further	information c	oncerning this matter, please ca	all:	
Teresa Hw	'a		727 657-0352	
	Name o	f Person	at () Daytime `	Telephone Number
Enclosed is	s a check for the	ne following amount:		
\$25.00		□ \$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

Thee Panda Adventures LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on November 14, 2016 and assigned lorida document number L16000208874. his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
. If amending the registered agent and/or registered office address on our records, enter the name of the egistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
ew Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with
ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is Fing filed to merely reflect a change in the registered office address, I hereby confirm that the lin tie d lia bl ity

If Changing Registered Agent, Signature of New Registered Agent

STATE STATE C+ :S

company has been notified in writing of this change.

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

<u> Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Zachary G. Horgan	2392 Oakbend Drive Apt 1222	
	·		
		Palm Harbor, Fl 34683	■ Remove
			☐ Change
		_	Add
			□ Remove
			Change
			Add
	:	·	Remove
			Change
	·		□ Add
			□ Remove
			☐ Change
			Add
			Acmove Chemove
			SECRETARY OF STATE Remove
	:		F.F.ST
			Remove
	i		Change

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D. If amen	ding any other inform	ation, enter change	(s) here: (Attach	additional sheets, ij	necessary.)		
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(If an effec <u>Note:</u> If	re date, if other than the ctive date is listed, the date must fithe date inserted in this but's effective date on the I	ist be specific and cannot clock does not meet the	e applicable statuto	ing or more than 90 days			
	ord specifies a delaye 90th day after the re		but not an effec	ctive time, at 12:	01 a.m. on t	he earlier o	f:
Dated M	Anday, April 17	Signature of a member	Tax of	August 1 and	SECRETI TALLAHA	17 APR	
	Teresa Hwa				ARY OF SSEE.	3 E	74 - 48 - 48 - 48 - 48 - 48 - 48 - 48 -
		Typed	or printed name of si	gnee	FLORI	ž D	~
			Page 2 of 3		Shi Shi	7	10

Filing Fee: \$25.00