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то:	Registration Se Division of Cor		.,	,
SUBJE	PANCHOO	0606 LLC '		
00000	<u> </u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	etum all correspe	ondence concerning this matter	to the following:	
		RANDY ROSA, ESQ.		
			Name of Person	
		GOLDMAN & ROSA, P.	Α.	
			Firm/Company	
		320 SE 18TH STREET		
			Address	
		FORT LAUDERDALE FI	LORIDA 33316	
			City/State and Zip Code	
		randy@goldmanrosa.com		
For furth	ier information c	oncerning this matter, please of	to be used for future annual report noti-	neation)
		one criming this matter, preuse of		
KAND)	i′ ROSA 		954 565-4311 ar()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 5		Street Address: Registration Sec	ction

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PANCHO0606 LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L17000040155	y were filed on 02/20/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
DOSFUTURE LLC		
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		P 14 MH
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		33
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Cancer from the Street Country	
	, Floric	
	Citr	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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

or remove	ed from our records:
MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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s filed.	ifies a delayed effectiv	'e date, but not a	an effective fin	ne, at 12:01 a.m	, on the earlier o	f: (b) The 90th	day after	the
ed	september	- 13 .	2022	 ·				
			911					
_		Signature of a r	nember or author	ized representativ	e of a member			