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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	-
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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05/12/17--01022--031 **25.00

ENABLES OF STATE

SECRETARY OF STATE

SECRETAR

M. MILLIGAN MAY 1 6 2017

COVER LETTER

	ision of Cor			
SUBJECT:		nternational Group LLC		
SUBJECT:		Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-		
Please return	all correspo	ndence concerning this matter	to the following:	
		Romel Beiner		
			Name of Person	
		Panorama International Gr	oup LLC	
			Firm/Company	
		3785 NW 82 Av		
			Address	
		Doral FL 33166		
			City/State and Zip Code	
		info@doralriches.com	to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	·	Carlony
Romel Beine			305 7997437	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	iling 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



Panorama International Group LLC

company has been notified in writing of this change.

(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 vibration of Plorida document number $\frac{L17000044257}{L17000044257}$.	vere filed on 2/28/17	and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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 off registered agent and/or the new registered office address here:	· ·	er the <u>name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida .	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duties, and I are	n familiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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>	Type of Action
MGR	Alejandro Martinez	9927 COSTA DEL SOL BLVD	□ Add
		Doral FL 33178	■ Remove
			☐ Change
			Add
			☐ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	
			□ Remove
			Change
			Remove
			☐ Change
			□ Remove
			□ Change
			Add
			□ Remove
			☐ Change

The 90th day after the rec	ord is filed.	iz,or a.m. on the ear	iei oi.
<u>Note:</u> If the date inserted in this bl document's effective date on the D	ock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be lis	sted as ti
	5/1/17		_
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