117000091656

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COVER LETTER

SUBJECT:	Panaco Uni	ted LLC		
SUBJECT		Name of Limi	ted Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	to the following:	
		Paul Tessy		
			Name of Person	
		Tessy Investments LLC		
	Firm/Company 7195 E. Lago Drive			
	Address			
Coral gables, FL 33143				
		paul_tessy@yahoo.com	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notifi-	cation)
For further in	nformation c	oncerning this matter, please ca	all:	
Eric van der	· Vlugt		305 865-5718 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
inclosed is a	a check for th	ne following amount:		
₹ \$25.00 F	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

TO:

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

Panaco United LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our re la Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C		and assigned
Florida document number L17000091656	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "	
Enter new principal offices address, if applicable:		G .
Principal office address MUST BE A STREET ADD		
Trincipal office address MOST BE A STREET ADD.	KL33j	<u> </u>
	·	£ .
Inter new mailing address, if applicable:		-
Mailing address MAY BE A POST OFFICE BOX)		75
. If amending the registered agent and/or regi		ords, enter the name of the
gistered agent and/or the new registered office add	<u>dress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		. Florida
	City	, FloridaZip Code

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and sept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability upany 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, 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>	Address	Type of Action
MGR	Steli Homes LLC	5400 S. University Drive, Unit 405-B. Davie, FL 33328	Add
			■ Remove
			☐ Change
			Add
			☐ Remove
			hange
			Remove
			Change
			Add
			□ Remove
			□ Change
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change

	
	
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active data if athor than the data of filings	(antional)
ective date, if other than the date of filing: a effective date is listed, the date must be specific and cannot be prior to	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this block does not meet the applicable nument's effective date on the Department of State's records.	the statutory fitting requirements, this date will not be fisted a
record specifies a delayed effective date, but not the 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier
ed Nov. /8 2018	-•
Signature of a member of athori	zed representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00