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**S Warren** MAY 1 0 2017

### **COVER LETTER**

TO: Registration S Division of Co		•	الين لا ين غ
SUBJECT:	OCITATO - CC	novation United Liability Company	<u>LC</u>
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Ricardo	Rodriguez Name of Person	Prado
		Firm/Company	
	1630 SE	3rd Ave	
	Arcadia	FI 34266 City/State and Zip Code	0
	Pandos r E-mail address: (	enovation LL  (to be used for future annual report notif	c Ogmail.Com
For further information of	concerning this matter, please c		
Ricardo	Rodriguer	at ( <b>863</b> ) <b>990</b> Area Code Daytime	USU 0 e Telephone Number
Enclosed is a check for t	_		
\$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pandos Reno (Name of the Limited Liability (A Florida	vation y Company as it now appea	LLC rs on our records.)
(A Florida	Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Co	= =	and assigned
Florida document number L1700094917	L.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company h	ere:
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist	tered office address o	n our records, enter the name of the nev
registered agent and/or the new registered office addr	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Flo	rida street address '
		, Florida
New Registered Agent's Signature, if changing Registered	City  1 Agent:	Zip Code
I hereby accept the appointment as registered agent of		canacity. I further garee to comply with the
provisions of all statutes relative to the proper and co		

If Changing Registered Agent, Signature of New Registered Tent

Page 1 of 3

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 limit

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMB</u> R	Josue M Rodrig	4ez-Prado, 1630 SE 3rd	<b>∡</b> Add
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an effe lote:	ve date, if other than the date of ective date is listed, the date must be specified the date inserted in this block does ent's effective date on the Department.	cific and cannot be prior to date of filing or es not meet the applicable statutory fil	(optional) more than 90 days after filing.) Pursuant to 605.020 ing requirements, this date will not be listed a
rece	ord specifies a delayed effection 90th day after the record is	tive date, but not an effective filed.	e time, at 12:01 a.m. on the earlier o
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	Signan	re of a member or authorized representati	ve of a member
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Filing Fee: \$25.00