## L18000091666

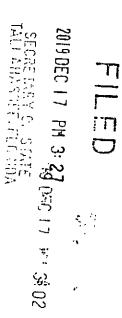
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(	Address)
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## COVER LETTER

TO:

Registration Section

Division of Co	orporations		
Paniym S	tudio		
SUBJECT:	Name of Lin	ited Liability Company	
<b></b>			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	ANTHONY		
		Name of Person	<del></del>
	PANIYM STUDIO		
		Firm/Company	<del></del>
	911 S.E. IST. ST.		
	-	Address	
	HAVANA FL 32333		
		City/State and Zip Code	
	ABYSSARTS@GMAIL.C		· · · · · · · · · · · · · · · · · · ·
		to be used for future annual report not	incation)
For further information	concerning this matter, please c	all:	
ANTHONY HAYES		850 274-7121	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$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 Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee.			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PANIYM STUDIO LC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number L1800009166	ed on 12/17/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
PANIYM STUDIOS LLC	
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	55.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	77.5 20
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B. If amending the registered agent and/or registered office address of	on our records, enter the name of the new register
agent and/or the new registered office address here:	200 - II
	<u> </u>
Name of New Registered Agent:	<u>ာမှု ယ                                   </u>
	27 ع
New Registered Office Address:	Enter Florida street address
	AND THE STREET WHEN COD
	, Florida
City	ZiD 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, 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
AMBR	ANTHONY HAYES		□Add
			□Remove
		911 S.E 1ST ST. HAVANA FL 32333	Change
<del></del>			□Add
			□Remove
		<del></del>	□ Change
			□Add
			Remove
			□Change
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lf an ef Note:	ive date, if other than the date of filing:
e reco rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	12/17/2019
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member

. . .

Filing Fee: \$25.00