## L18000 226911

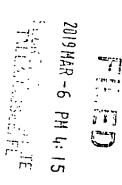
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(,,,		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
<b>,</b> – -	,	
C. W. W. C.	Cadillanta	of Chahan
Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	

Office Use Only



900325849239

Q3/06/19--01014--023 ♦★30.00



R. WHITE MAR 1 3 2019

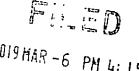
## **COVER LETTER**

TO: Registration Division of C	Section orporations		
PANORA SUBJECT:	AMA 27D, LLC		
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	VANESSA ASHLEY ROU	JSSO	
		Name of Person	
		Firm/Company	<del></del>
Division of Corporations  PANORAMA 27D, LLC  Name of Limited Liability Company  Phe enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  VANESSA ASHLEY ROUSSO  Name of Person  Firm/Company  1100 BRICKELL BAY DRIVE, APT 27D  Address  MIAMI, FLORIDA 33131  City/State and Zip Code  ROUSSOBUSINESS@OUTLOOK COM  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  //ANESSA ASHLEY ROUSSO  Name of Person  Name of Person  Area Code  Daytime Telephone Number  1 \$25.00 Filling Fee  Certificate of Status & Certificate Option of Status & Certificate of Status & Certificate Option of Status & Certificate Option of Status & Certificate of Status & Certificate of Status & Certificate Option of Status & Certificate Opti			
	MIAMI FLORIDA 33131	Address	
	ROUSSOBUSINESS@OUT		<del></del>
	<del></del>		cation)
For further information	concerning this matter, please cal	li:	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:	·	
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 HAR -6 PM 4: 15 PANORAMA 27D, LLC (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 were filed on 09/24/2018 and assigned Florida document number \_\_\_\_\_\_118000226911 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: [ \* Note, Sulhx Changed From "LLC"] PANORAMA 27D, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 OF FICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_. Florida \_\_\_

## 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.

City

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 = M $AMBR = M$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			☐ Change
			Add
			□ Remove
			Remove
			□ Change
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change

, -						<del></del>
_			<u></u>			<del></del>
_	<u> </u>					
_						
_					<u></u>	
_			<u> </u>			
_	·			· · · · · ·	· · ·	
_			<u> </u>			
-		·			<u> </u>	
-	· · · · ·				-	
-				<del></del>		
-						
_				·		<del></del>
_						
_						
_			···	<u></u>	· ·	
ote:	If the date inserted	than the date of filing the date must be specific and in this block does not me on the Department of St	eet the applicable st	atutory filing requirer	nents, this date will not	nt to 605,020 be listed as
		delayed effective dathe record is filed.	ate, but not an o	effective time, at	12:01 a.m. on the	earlier o
ated	MARCH I		2019		_	
			7			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00