L18000262325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
19 FEB 13 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 14 2019

S. YOUNG

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2019

FRANK C POLLARA
PANAMA BAY GROUP LLC
325 W 6TH STREET
PANAMA CITY, FL 32401

SUBJECT: PANAMA BAY GROUP L.L.C
Ref. Number: L18000262325

We have received your document for PANAMA BAY GROUP L.L.C and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 519A00001556

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PANAMA BAY GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANK C POLLARA
Name of Person

PANAMA BAY GROUP LLC
Firm/Company

325 W 6th ST
Address

PANAMA CITY, FL 32401
City/State and Zip Code

INFO@FCPOLLARA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK C POLLARA at (239) 300-3611
Name of Person Area Code Daytime 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 necessary) ☐ $61.00 Filing Fee, Certificate of Status & Certified Copy (Additional copy is necessary)

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

PANAMA BAY GROUP 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 _____, and assigned Florida document number L18000262325

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/C

The new name must be distinguishable and contain the words "Limited Liability Company". It may also contain "L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS) SAME

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX) SAME

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19 FEB 13 AM 7:58
TALLAHASSEE, FLORIDA

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: _____

_____, Florida _____
City Zip 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

Title	Name	Address	Type of Action
~~AMBR~~ MBG	MARCO CAFCM		☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets if necessary.)*

E. Effective date, if other than the date of filing: 1/16/2019 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 805.020 (Subs

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

JC Pollara

Signature of a member or authorized representative of a member

FRANK C Pollara

Typed or printed name of signer

Filing Fee: $25.00