

L19 000 208327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

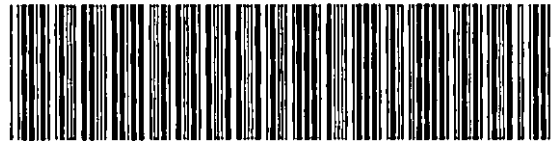
(Business Entity Name)

(Document Number)

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2020 NOV 30 PM 2:39

1/13/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Panacea Artist Development Group Limited liability company  
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:

Peterson Jean

Name of Person

Panacea Development Group L.L.C

Firm/Company

205 NW 8th Ave #204

Address

Tallahassee, FL 32309

City/State and Zip Code

monocash850@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peterson Jean

Name of Person

at ( 646 )

Area Code

265-1019

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 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Panacea Artist Development Group Limited liability company  
(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 08/15/2019 and assigned Florida document number LI9000208327.

This amendment is submitted to amend the following:

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

Panacea Development Group L.L.C  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

328 W Pembroke Rd suite 3-4  
Hallandale Beach FL 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

328 W Pembroke Rd suite 3-4  
Hallandale Beach, FL 33009

**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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Peterson Jean	828 W Pembroke Rd suite 3-4	<input checked="" type="checkbox"/> Add
		Hallandale, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	wedney Jean	828 W Pembroke Rd Suite 3-4	<input checked="" type="checkbox"/> Add
		Hallandale, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Njera sthilaire	828 W Pembroke Rd suite 3-4	<input checked="" type="checkbox"/> Add
		Hallandale, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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 605.0207 (3)(b)

Dated November 25 . 2020

Peterson Jean

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