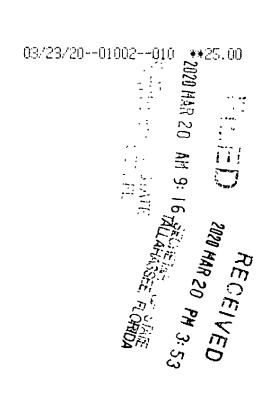
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## CAPITAL CONNECTION, INC.

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Panther Assurance LLC	
	Am of last File
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
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	Vehicle Search
	Driving Record
Requested by: SETH 03/20/20	UCC 1 or 3 File
Name Date	Time UCC 11 Search
	UCC H Retrieval
Walk-In Will Pick Up	Courier

#### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Panthe	er Assurance LLC		
	Name of Lim	ited Liability Company	<del></del>
	mendment and fee(s) are sub	<u> </u>	
	Jason S. Ross	, Esq	
		Name of Person	
	Bauer, Gutierre	ez, & Borbon, PLLC	
		Firm/Company	
	814 Ponce de	Leon Blvd, Suite 210	)
	-	Address	<del></del>
	Coral Gabels, I	Florida 33134	
	jason@bgblawo	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	lification)
For further information cor	ncerning this matter, please c	all:	
Jason S. Ross	, Esq	305 340-59	959
Name of I	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	following amount:		
<b>X</b> I \$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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

#### **COVER LETTER**

Registration Section

TO:

Division of Corp	porations		
<sub>suвјест:</sub> Panthe	er Assurance LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jason S. Ross	, Esq	
		Name of Person	·-···
	Bauer, Gutierre	ez, & Borbon, PLLC	
		Firm/Company	
	814 Ponce de	Leon Blvd, Suite 210	)
		Address	
	Coral Gabels, I	Florida 33134	
	jason@bgblawo	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	all:	
Jason S. Ross	s, Esq	305 340-59	959
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e following amount:		
<b>X</b> ∃ \$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 Addres Registration S Division of C	Section orporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### Panther Assurance LLC

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000076719</u> .	were filed on	03/13/2020	and assigned 2020 HAR	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	ility company h	ere:	R 20 AH	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the o	lesignation "LLC" or t		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	11440 N. K MIAMI, FL	ENDALL DR S 33176	STE 201 O	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11440 N. K MIAMI, FL	ENDALL DR S 33176	STE 201	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our r	ecords, enter the	name of the new registered	
New Registered Office Address:	Enter Flo	rida street address	_	
	, Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in (	f my duties, and L Chapter 605, F.S.	am familiar with and Or, if this document is	

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>	Address	Type of Action
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			□Remove
			□Change
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ective	ate, if other than the date of date is listed, the date must be specif	fic and cannot be prior to date	of filing or more than 90	(Optional) ) days after filing.) F	Pursuant to 605
	date inserted in this block does effective date on the Departmen		fatutory filing requires	ments, this date w	iii not be iist
ord : 90th	specifies a delayed effecti n day after the record is fi	ive date, but not an iled.	effective time, at	12:01 a.m. or	n the earli
	March 19	2020			
	/s/ Suzanna M. Pe				
			representative of a mem		

Page 3 of 3

Filing Fee: \$25.00