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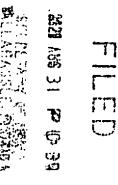
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	oorations		
SUBJECT: Alys	Sa Panagus Name of Lim	OD LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
		A Panagos  Name of Person  Panagos OD L  FirmyOmpany	
	3374 NV	V 1015+ AUE Address	
	SUNTISE  A IV SS a par  E-mail address:	FL 33351 City/State and Zip Code  A 90.5 OD Q 9ma to be used for future annual support not	il com
For further information co	neerning this matter, please co	all:	
Ayssa Pa	Person 90 S	at ( <u>561</u> ) <u>69</u> Area Code Daytin	9-5273 ne Telephone Number
Enclosed is a check for the	e 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 S Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alyssa Panagos OD  (Name of the Limited Liability Companic (A Florida Limited Liability Companic)	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 200021 64</u> 73	vere filed on 07/22/20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
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 OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	₩ ₩ ₩ <b>-</b>
	Enter Florida street address . Florida?
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	. en
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office as company has been notified in writing of this change.	performance of my duties, and I am familiar with and vovided for in Chapter 605, F.S. 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
AMBR	Alyssa Panagos	3374 NW 101st Ave Sunrise, FL 33351	□Add
		Sunrise, FL 33351	□Remove
			Schange
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
		-	□Add
		<u> </u>	□Remove
			□Change
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			□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:	
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 ecord is filed.	he
Dated O8/25/2020	
Alyssa Panagos Typed or printed name of signee	

Filing Fee: \$25.00