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TÄLL MASSEE, FLORIDA

SEP 22 AM 10: 14

SEP 3 0 2022 S. PRATHER

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations			
	PN CAPITAL FUND LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ROBERT HOUSTON			
		Name of Person		
	PANTHEON CAPITAL F	UND LLC		
		Firm/Company		
	8955 US 301 N, SUITE 30)7		
Address				
	PARRISH, FL 34219			
		City/State and Zip Code		
	info@pegmoney.com	to be used for future annual report r	notification)	
For further information c	concerning this matter, please c		our carrour	
Robert Houston		818		
Name o	f Person	818 at () Area Code Day	time Telephone Number	
Enclosed is a check for t	he following amount:			
	☐ \$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)	
<u>Mailing Addre</u> Registration		Street Address Registration	: Section	
Division of Corporations			Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2

DANITHITADALZ ADIT AL PHAID LLZ		22 S	
PANTHEOPN CAPITAL FUND LLC			.77
(Name of the Limited Liz (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	SEP 22	
	• • • •	海之 2	11 ED
The Articles of Organization for this Limited Liability	ty Company were filed on 11/16/2020	and assigned	C)
Florida document number L20000361669			
		87 F	
This amendment is submitted to amend the following	g:	ン	
A. If amending name, enter the new name of the	limited liability company here:		
PANTHEON CAPITAL FUND LLC			
The new name must be distinguishable and contain the words.	"Limited Liability Company," the designation "LLC" or the al	pbreviation "L.L.C."	

Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET AL	ODRESS)		_
			_
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		_
			_
B. If amending the registered agent and/or regist	torad office address on our records, onton the name	an af tha nam mariat	
agent and/or the new registered office address he		ie of the new regist	ereo
	<u></u> -		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		_
	, Florida		
	, riorida	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 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	<u>Name</u>	Address	Type of Action
			□Remove
			☐ Change
			□Add
			Remove
		 	□Change
			🗀 Add
			Remove
			□ Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

). If amending any other into	rmation, enter change(s) here: (Attach additional sheets, if necess	'ary.)	
	······································		
		· · · · · · · · · · · · · · · · · · ·	
Note: If the date inserted in the	the date of filing:	ling.) Pursuant to 605.0)207 (3)() I as the
I the record specifies a delayed of record is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)		the
	2022	īĂĽĽ	2022
Dated July 15		AIR	2022 SEP 22
	Signature of member of authorized representative of a member		
P. b. and Harrison	3 Signature with memory of authorized representative of a member	。 上 こ 	AH 10: 14
Robert Houston	Typed or printed name of signee	33 2 30 F	=

Filing Fee: \$25.00