

L20000361669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

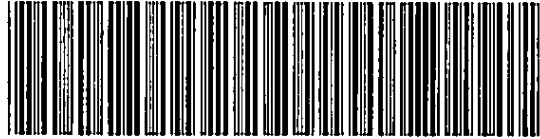
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600391333886

01/22/22 11:11:11 AM

FILED
2022 SEP 22 AM 10:14
TALLAHASSEE, FLORIDA

2022 SEP 22 AM 10:14

SEP 30 2022

S. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PANTHEOPN CAPITAL FUND 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:

ROBERT HOUSTON

Name of Person

PANTHEON CAPITAL FUND LLC

Firm/Company

8955 US 301 N, SUITE 307

Address

PARRISH, FL 34219

City/State and Zip Code

info@pcgmoney.com

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

For further information concerning this matter, please call:

Robert Houston

818

at (_____) _____

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 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

FILED
2022 SEP 22 AM 10:14
U.S. District Court
TALLAHASSEE, FLORIDA
and

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number 120000361669

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

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida _____
City Zip Code

If Changing Registered Agent, Signature of New Registered Agent


[illegible]

[illegible]

(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)

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.

y 15 2022



Signature of a member or authorized

Robert Houston

Typed or printed name of signee

FILED
2022 SEP 22 AM 10:14
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00