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COVER LETTER

TO:

		istration Sec sion of Corp						
SUBJEC	~r.	YOTELPAI	D PANORAMA LLC Name of Lim					
SUBJEC	_							
The encle	osed	Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please ret	turn	all correspon	idence concerning this matter	to the following:				
			INNA ERLIKII					
				Name of Person				
	CORONA TAX SERVICES INC							
			3800 S. OCEAN DR STE	216				
				Address	_			
			HOLLYWOOD, FL 33019)				
				City/State and Zip Code				
			INFO@CORONATAXUSA	A.COM to be used for future annual report notification)				
For furthe	er int	formation co	ncerning this matter, please co	•				
		Name of	Person	at () Area Code Daytime Telephone Num				
		· ····································	, crawn	Area Code Daytine Telephone Num	oer			
Enclosed	is a	check for the	e following amount:					
\$25.0	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, icate of Status & led Copy and copy is enclosed)			
; []	Regi Divi P.O.	ing Address: istration So sion of Co Box 6327 ahassee, Fl	ection rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	2021 APR 15	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOTELPAD PANORAMA LLC

(Name	e of the	Limited	Liability	Company as it now appears on	our records.
		7.3	Triangle I	and a Color Little Color and and	

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The Articles of Organization for this Limited Liabili	ty Company were filed on $\frac{03/18/2021}{}$	and assigned
Florida document number L21000128867	·	
This amendment is submitted to amend the following	r.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered agent and/or the new registered office address here. Name of New Registered Agent:	<u>re</u> :	
-		
New Registered Office Address:	Enter Florida street ad	dress
_	City	Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:	8 0
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the registion company has been notified in writing of this change	d complete performance of my duties d agent as provided for in Chapter 6t tered office address, I hereby confirm	. and I am familiar3with and i)5, F.S. Or, if this document is
	If Changing Registered Agent, Signatu	-

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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		HALLANDALE BEACH, FL 33009	em
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Filing Fee: \$25.00