L21000246502

(Requestor's Name)	
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, ,	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
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21 JUL 12 PH 12: 29

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
eup ic <i>e</i> t.	14671 PAT	NA CHE LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	 -		
	TRAN (CESCA HANDAL	
		Name of Person	
		Firm/Company	
	10505	SN 131 ST CT	
		Address	
	MIAM	i FL 33186	
		City/State and Zip Code	
	FRANCESCA	HANDAL@ ICLOUD	.com
	E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
FRANCESCA	HANDAL	at (303) 401 Area Code Daytim	5012
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	etion
Division of C		Division of Cor	
P.O. Box 632	•	The Centre of T	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

14671 PANA	CHE LLC	21 JUL 12 PH 12: 29	
(<u>Name of the Limited Liabi</u> (A Florid	ility Company as it now app da Limited Liability Compan	nears on our records.) y)	
The Articles of Organization for this Limited Liability Florida document numberL21000&46502_	Company were filed on .		ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company	here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," th	ne designation "Lf.C" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		r records, <u>enter the name of the n</u>	<u>ew registere</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	Florida street address	
	Z (v.	, Florida Zip Code	
	City	Zip Cod	e

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 = M $AMBR = A$	lanager .uthorized Member	and she will be	
<u>Title</u>	<u>Name</u>	Address 12 PH12: 29	Type of Action
mar	FRANCESCA HANDAL	10505 SW 1315 CT	■Add
		MIAMI, FL 33186	□Remove
			□Change
		 	□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change
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	21 JUL 12 PH 12: 29
	
	
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	(optional) annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 et the applicable statutory filing requirements, this date will not be listed as the s records.
ecord specifies a delayed effective date, but not an is filed.	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted_JULY_7 ^{tb}	2021
Signature of a me	mber or authorized representative of a member
ingulature of a file	inner or agriculture representative of a menurer
	YNE P. JA CQUES yped or printed name of signee