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Account Number : 12014000065 Phone : (305)371-5758 Fax Number : (305)371-3178

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PANICKED HOUSE DUCK, LLC

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CUTER DELLER TO: Registration Section Division of Corporations PANICKED HOUSE DUCK, LLC SUBJECT: 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: MARK M. HASNER Name of Person THERREL BAISDEN, LLP Firm/Company 1 S.E. 3RD A VENUE, STE 2950 Address MIAMI, FL 33131 City/State and Zip Code MHASNER@THERRELBAISDEN.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305 371-5758 MARK M. HASNER

Enclosed is a check for the following amount:

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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

## MALICUES OF MITABLE DITABLE

## TO ARTICLES OF ORGANIZATION OF

PANICKED HOUSE DUCK, LLC		<del></del>
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our d Liability Company)	· recards,)
The Articles of Organization for this Limited Liability Compa		
Florida document number L21000496741		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	<b>20</b> ==
935 11 STREET, LLC		21
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation	
Enter new principal offices address, if applicable:		23 SEP
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
	·	17 17
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:  Name of New Registered Agent:	e address on our records	, enter the name of the new register
<del></del>		
New Registered Office Address:	Enter Florida stree	ei address
		, Florida
	Ciţ	Zip Code
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent to being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my du as provided for in Chapte	ities, and I am jamiliar with and or 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

## or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
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	ve date, if other than the date of filing:(optional)	
ffecti	assign date in lined, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pure	suant to 605.0
f an effe	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will int's effective date on the Department of State's records.	not be listed
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