Florida Department of State Division of corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000351412 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WILD CAUGHT PRODUCTS LLC

	التناسب بالنفاد والتنفيز بالمنفس
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

OCT 11, 2022

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF QRGANIZATION. OF *

Wild Caught Products LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Corollary	ompany were filed on 01/12/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Panda Group LLC		
The new name must be distinguishable and contain the words "Limitation of the contain the con	ited 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 ADDR	RESS)	122 bc1 13
		$\mathbb{Z}_{\mathbb{Z}}^{\mathbb{Z}}$ \mathbb{Z}
Enter new mailing address, if applicable:		1 2
(Mailing address MAY BE A POST OFFICE BOX)		<u>ුපු ප</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the n	ame of the new registere
Name of New Registered Agent:	- Mahanan	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cuy	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 Changing Registered Agent, Signature of New Registered Agent

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
			Add
			□Remove
			Change
			□Add
			□Remove
			Change
			Okange A
40.1-10.			□ Chang → □ Cha
			П Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change

					-
				15. 13.	2822 OCT
					- W [
_					
_				,	7
Note: If	date, if other than the dative date is listed, the date must be the date inserted in this block its effective date on the Department.	e specific and cannot be prior to do t does not meet the applicable	ate of filing or more than 90 day statutory filing requirement	(optional) is after filing.) Pursuant to 60 is, this date will not be lis	5 0207 (3)(b) ted as the
If the record s		ate, but not an effective time,	at 12:01 a.m. on the earlier	of: (b) The 90th day afte	er the
	0-4-512	2022 Riling Park			
Dated	October 13	,			

Filing Fee: \$25.00