## L22000281311

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## **COVER LETTER**

SHOTEC	Oynx Pant	her, LLC		
SUBJEC	T:	Name of Lin	nited Liability Company	A 5.
The enclo	Registration Section Division of Corporations  Oynx Panther, LLC  Name of Limited Liability Company  Inclosed Articles of Amendment and fee(s) are submitted for filing.  Preturn all correspondence concerning this matter to the following:    Manuel Sanchez Velasco			
Please ret	urn all correspo	Address  Oviedo, FL 32765  City/State and Zip Code  dresirena4lili@yahoo.com  E-mail address: (to be used for future annual report notification)  in concerning this matter, please call:  at (407		
		Manuel Sanchez Velasco		
			Name of Person	e Telephone Number  □ \$60.00 Filing Fee.  Certificate of Status &
			Firm/Company	
		1100 Panther St.		
		-	Address	
		Oviedo, FL 32765		
			City/State and Zip Code	
For furthe	r information c		·	tification)
Adam O.	Kirwan			
	Name o	f Person		me Telephone Number
Enclosed i	is a check for th	ne following amount:		
\$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	<u>1ailing Addres</u> Legistration S		Street Address:	ection
	Division of C		Registration Se Division of Co	
	O. Box 632		The Centre of	Tallahassee
1	`allahassee, I	<sup>1</sup> L 52514	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oynx Panther, LLC		2022
(Name of the Limited	Liability Company as it now appears on our records.)  Florida Limited Liability Company)	<u> </u>
\\\\	(1) Iorida Elimen Elaethiy Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 06/21/2022	and assigned (1)
Florida document number L22000281311		
	<del></del>	MHTT: 10
This amendment is submitted to amend the follow	/ing:	<u> </u>
A. If amending name, enter the new name of t	he limited liability company here:	,
Onyx Panther, LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicat	sla.	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
		<del>- · · · · · · · · · · · · · · · · · · ·</del>
	<del>-</del>	
B. If amending the registered agent and/or reg	sistered office address on our records, enter the na	me of the new registered
agent and/or the new registered office address		ine of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	nnter v tortua street adaress	
	, Florida _	
	City	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
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			□Change
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