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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	DOMUS GLOBAL	TAX	ADVISORS	LLC
Account Number	:	120200000162			
Phone	:	(407)334-7001			
Fax Number	:	(407)743-3888			

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

Email Address: fernanda@domusglobaltax.com 2:02 ENCLORE **EP/LLLP AMENDMENT/RESTATEMENT/CORRECTION** PANITHE LLC <u>ന</u> с. Certificate of Status 0 Ξ., ر ن Certified Copy 0 611 Page Count 06 Estimated Charge \$52.50

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TO: Registration Section **Division of Corporations**

PANITHE 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:

FERNANDA FIGUEIREDO

Name of Person

DOMUS GLOBAL TAX ADVISORS LLC

Firm Company

15815 SHADDOCK DR STE 120

Address

WINTER GARDEN, FL 34787

City/State and Zip Code.

FERNANDA@DOMUSGLOBALTAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDA FIGUEIREDO

Name of Person

407 3347001 at (_____) Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number <u>1.22000492547</u> .	were filed on <u>11/17/2022</u> and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
N/A			
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	15815 SHADDOCK DR STE 420		
(Principal office address MUST BE A STREET ADDRESS)	WINTER GARDEN, FL 34787		
Enter new mailing address, if applicable:	15815 SHADDOCK DR STE 120		
	WINTER GARDEN, FL 34787		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office			

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Name of New Registered Agent:	N/A		10	
<u>New Registered Office Address</u> :	15815 SHADDOCK DR STE 120)		
	Enter Florida street address			•
	WINTER GARDEN	Florida <u>_³⁴⁷⁸⁷</u>		C
	Cuy	- Zip	66 6 2	
New Registered Agent's Signature, if changing		ပ		

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

MGR = Manager

•

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	\Add
			TRemove
			[] Change
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			[]Remove
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			[]iRemove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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Effective date, if other than the da	te of filing:	(optional)	
(If an effective date is listed, the date must be <u>Note:</u> If the date inserted in this block	does not meet the applicable st	atutory filing requirements, this date	will not be listed as the
document's effective date on the Depa	rtment of State's records.		
he record specifies a delayed effective d ord is filed.	ate, but not an effective time, at	12:01 a.m. on the earlier of: (b) Th	ie 90th day after the
oru is mea.			
SEPTEMBER 19	2023		
Dated	·		
	Paula Sarkin	Pahal	
Si	<u>Paula Sarkis</u> nature of a member or authorized r	representative of a member	
PAULA SARKIS RAHAI			
CANALA OLANDINALIAI			

Filing Fee: \$25.00