L23000079955

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



500403762415

MISTAL TO MISTA

9 To 10 To 1



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 3, 2023

SANDRA PANITZ PANITZ HOLDINGS LLC 3736 CONSTANCIA DR GREEN COVE SPRINGS, FL 32043 US

SUBJECT: PANITZ HOLDINGS, L.L.C.

Ref. Number: L23000079955

We have received your document for PANITZ HOLDINGS, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment application we received was incomplete/missing pages. Enclosed is a blank amendment form for your convenience.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez Regulatory Specialist II

Letter Number: 723A00009953

RECEIVED MAY 2.3 2023

www.sunbiz.org

Division of Corporations, P.O. ROY 6397 Tallahassee Florida 32314

ار ا ا ا

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	PANITZ HOL	LDINGS, LL	<u>C</u> ,
The enclose	d Articles of Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspondence concerning this matter	to the following:	
	SANDRA	PANITZ Name of Person HOLDINGS	
	PANIT	2 HOLDINGS	S LLC
		NSTANCIA	
	GREEN C	City/State and Zip Code	15, FL 32043 LL NOW, COM
	5 ANDRA (E-mail address:	DIZDUYSE To be used for future annual report notific	LL 1000, COM
For further	information concerning this matter, please c		
SA	NORA PANITZ Name of Person	at (904) \$38 Area Code Daytime	7-4 Y > 1 Telephone Number
Enclosed is	a check for the following amount:		
	Filing Fee	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re D P.	ailing Address: egistration Section ivision of Corporations O. Box 6327 allahassec, FL 32314	Street Address: Registration Sect Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations I I I I I I I I I I I I I I I I I I I

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	1 vpe of Action
4MBR	SANDRATANITZ	3736 CONSTANCIADO GREEN COVESPI. FL 370	
			□Remove
			©Change
			□Add
			□Remove
			— □Change 2023 □Atld 5
			□Remove
			© □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			~

D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces	sary.)		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after find the Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ral) ling.) Pursu late will no	ant to 605 of be fist	5.0207 (3)(ed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) cord is filed.	The 90th	day afte	r the
Dated 5-16-2023. Signature of a member or authorized representative of a member	, . ,	2023 HAY P.2	· · · · · · · · · · · · · · · · · · ·
Signature of a member or authorized representative of a member LEON FRANCIZ Typed or printed name of signee		22	, a
LEON I PANITZ TU		A A	, a }
· ~ — U · · · · · · · · · · · · · · · · · ·			

Filing Fee: \$25.00