# 1240001997-14

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# **COVER LETTER**

TO:	Registration Secti Division of Corpo		*	
รบึ้BJI	ECT:	PANICO Name of Lim	Consulting L ited Liability Company	LC
The en	iclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
		F^	ANK PANICO Name of Person	
			Firm/Company	
		1/203	ConsBrooke OR	
		Riveru	City/State and Zip Code	9
		E-mail address: (	City/State and Zip Code  Kan R Solution  to be used for future annual report no	U-Com
For fu	rther information con-	cerning this matter, please c		
	FrAN,	C PANICO	at ( <u>630</u> ) <u>540</u> Area Code Dayti	2-3952 me Telephone Number
Enclos	ed is a check for the	following amount:		
Ø\$2	5.00 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		Strant Address	

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PANICO CON	nsulling 1	LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number $224000199714$ .	y were filed on	4-29-2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company h	ere:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the c	lesignation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			. <u></u>
(Principal office address MUST BE A STREET ADDRESS)			
		<del></del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
manning water that it is a second			
agent and/or the new registered office address here:  Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
	Enter Florida street address		
		, Florida Zip Code	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I herchy accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of provided for in (	my duties, and I am fa Chapter 605, F.S. Or, if	miliar with and this document is ted liability
lf Ch	anging Registered Ag	gent, Signature of New Regis	terëd 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
MGR	Frank Panico	11203 Longbrooke Dr, Riverview FL 33579	<b>=</b> Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
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JUST C	hansing	Tille	From	Ceo	To	MGR
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ive date, if other th	nan the date of	filing:			(	optional)
fective date is listed, the	date must be specif	ic and cannot be p				optional) after filing.) Pursuant to 60 , this date will not be lis
nent's effective date of				y ming req	uncincins	, this date with not be ha
	effective date, bu	it not an effectiv	e time, at 12:01	a.m. on the	e earlier o	f: (b) The 90th day after
led.						· · ·
1		2024				
June 5th			·			1
		11	1 12		•	
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	Çi,	of a mambas	uthorized consum	ntative of a -	nember	£ - )
	Signature	of a member or a	uthorized represe	ntative of a n	nember	(-117) (-117) (117)

Filing Fee: \$25.00