## L24000314378

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co			
PANAS M	USIC, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	OSVALDO O NARANJO		
	<del></del>	Name of Person	
		Firm/Company	
	10887 SW 88TH ST APT		
		Address	<del> </del>
	MIAMI FL 33176		
	PANASMUSICBUSINESS	City/State and Zip Code  @GMAIL.COM  to be used for future annual report no	wification)
For further information of	concerning this matter, please c		Allean
OSVALDO NARANJO		786 5381682	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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 tadditional copy is enclosed
Mailing Addre		Street Address:	aution
Registration Division of C		Registration S Division of Co	
P.O. Box 633		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records ited Liability Company)	<u>.</u> )	
The Articles of Organization for this Limited Liability Comp	pany were filed on JULY 15 2024		and assigned
Florida document number L24000314378			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC"	or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>	
		<u> </u>	نځ .
		(D) -	골 [:
Inter new mailing address, if applicable:			<del>_</del>
Mailing address MAY BE A POST OFFICE BOX)		<u>, tal</u>	
<ol> <li>If amending the registered agent and/or registered off gent and/or the new registered office address here:</li> </ol>	fice address on our records, <u>enter t</u>	he n <u>ame of</u>	the new reg
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flo	rida	yr Code
	City	Z.	ip 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 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

Title	<u>Name</u>	Address	Type of Action
MGR —	OSMAY CASTELEIRO C	4712 EL DORADO DR TAMPA FL 33615	■Add
			ElRemove
			□Change
			(Z)Add
			□Remove
			□Change
			DAdd
			Remove
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ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable standards effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605.02
ord specifies a delayed effective date, but not an effective time, at I filed.	12:01 a.m. on the earlier of; (b) The 90th day after th
ed SEPTEMBER 01	
	presentative of a member