

To: 850-617-6383

From: moses nae

Pg 1/ 4 03/16/16 5:12 pm

3/14/2018

H16000085544 3
Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PANNA COTTA LLC**

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Pg 2/ 4 03/16/16 5:12 pm

850-617-6381

3/16/2016 8:39:22 AM PAGE 1/001 Fax Server



March 16, 2016

PANNA COTTA LLC
1549 NE 123RD STREET
NORTH MIAMI, FL 33161US

SUBJECT: PANNA COTTA LLC
REF: M16000000805

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The form you have submitted is for a FLORIDA LLC, however, your entity is a FOREIGN LLC. Please resubmit the correct form.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H16000063544
Letter Number: 616A00005365

H16000065544 3

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: PANNA COTTA LLCEnter new principal office address, if applicable: 250 NW 67 ST APT 418(Principal office address
MUST BE A STREET ADDRESS)BOCA RATON, FL 33487

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)250 NW 67 ST APT 418BOCA RATON, FL 33487

2. The Florida document number of this limited liability company is:
- M16000000805

3. Jurisdiction of its organization:
- STATE OF DELAWARE

4. Date authorized to do business in Florida:
- 01/29/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
-
- (must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records,
- enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____New Registered Office Address: _____*Enter Florida Street Address*_____, Florida _____
City Zip CodeNew 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 Agent3
H16000065544 3

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H16000065544 3

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>ABRAHAO, RENATO</u>	<u>1549 NE 123RD STREET</u>	<input type="checkbox"/> Add
		<u>NORTH MIAMI, FL 33161</u>	<input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>DE ANDRADE SALDANHA, CASSIA</u>	<u>1549 NE 123RD STREET</u>	<input type="checkbox"/> Add
		<u>NORTH MIAMI, FL 33161</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>ABRAHAO, RENATO</u>	<u>250 NW 67 ST APT 418</u>	<input checked="" type="checkbox"/> Add
		<u>BOCA RATON, FL 33487</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>DE ANDRADE SALDANHA, CASSIA</u>	<u>250 NW 67 ST APT 418</u>	<input checked="" type="checkbox"/> Add
		<u>BOCA RATON, FL 33487</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Cassia de Andrade Saldanha
Signature of the authorized representative

CASSIA DE ANDRADE SALDANHA

Typed or printed name of signee

Filing Fee: \$25.00

4

H16000065544 3

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