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COVER LETTER

TO: Registration Secti Division of Corpo		
SUBJECT:	PEEN FINANCIAL SERVICES Name of Limited Liability Company	LLC.
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	PATRICU VEEN Name of Person	
	Firm/Company	
	616 SPANISH LAKE BLA	d
	FORT PLEACE PL 34951	2011 SEP 29 SECTIONARY
	City/State and Zip Code City/State and Zip Code AH.J. Comments E-mail address: (to be used for future annual report notification)	P 28 I
For further information con	cerning this matter, please call:	
RATRICU Name of Po	erson at (772) 240 2569 Area Code & Daytime Telephone Number	
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	(additional copy is enclosed) Certified	ite of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEEN E. N. (Name of the Limited Lis	JAWC (A	vas it now appear	VICEC L	<u>LC.</u>	<u>, </u>	
(A Flo	orida Limited Li	ability Company)	. 1 1			
The Articles of Organization for this Limited Liabi Florida document number <u>しんののもし</u>			4/14/20	1/	and assi	igned
This amendment is submitted to amend the followi	ng:					
A. If amending name, enter the new name of th	e limited liabil	lity company her	<u>'e</u> :			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limite	ed Liability Compa	nny," the designation	on "LLC"	or the a	bbreviation
L.L.C.						
Enter new principal offices address, if applicabl	e:		·= · ·································	75	23	<u>-ta</u>
(Principal office address MUST BE A STREET A	(DDRESS)			京学	2	متعتب
			· · · · · · · · · · · · · · · · · · ·	- SE SE	لث	
				<u> </u>		
				54	ယ္	
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>			t»		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:		: LICH POS SPANISH	our records, ent	Bu address	vd	<u> </u>
		City		2	mp couc	
New Registered Agent's Signature, if changing Reg	istered 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 608, 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 Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mai MGRM = M	nager Ianaging Member		
Title MGA	Austin Pern	Address 6/10 SPANISH LYLES BLU FUNT PLEASE FL BURST	Type of Action Add
MOR	PATRICK PEER	6110 Sharish Lykes Bluk FIRE Present Fr 345)	Add Remove
			Add Remove
			Add Remove
			Add Remove
		TELAHLISSE HUSSE	Add Chemove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary)	
			_ _
 Dated	5/26/201/ Jer /	•	_
	Austin Pe	or authorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00