

Division of Corporations

http://efile.sunbiz.org/scripts/efilcovr.exe

L 11000070882

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000217461 3))



H110002174613ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : PENSAM CAPITAL
Account Number : 120090000074
Phone : (786) 539-4999
Fax Number : (786) 513-0800

2011 SEP - 2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@pensamcapital.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PENSAM LOGISTICS PARTNERS I, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$60.00

RECEIVED
11 SEP - 2 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

SEP - 6 2011

EXAMINER

H11000714613

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PENSAM LOGISTICS PARTNERS I, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/17/2011 and assigned
Florida document number L11000070882

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the same 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 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 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

H11000714613

FILED
2011 SEP - 2 PM 08 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H1100021174610

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 = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	PENSAM LOGISTICS PARTNERS LLC	777 BRICKELL AVE STE 1200 MIAMI, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PENSAM CAPITAL FUNDING, LLC	777 BRICKELL AVE STE 1200 MIAMI, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 21 SEP -2 PM 8:12

FILED

Dated SEPTEMBER 1 2011



 Signature of a member or authorized representative of a member

GAVIN BEEKMAN

Typed or printed name of signee

H1100021174612