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COVER LETTER

	tion Section of Corporations
	NNSYLVANIA INVEST LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	LAURENT BEN SOUSSAN
•	Name of Person
-	PENNSYLVANIA INVEST LLC
,	Firm/Company
	44 W FLAGLER STREET SUITE 1100
	Address
	MIAMI, FL 33130
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
ALINE DARM	at ()
	Name of Person Area Code Daytime Telephone Number
•	
Enclosed is a chec	k for the following amount:
■ \$25.00 Filing	Fee \$\Bigcup \\$30.00 \text{ Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$

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

PENNSYLVANIA INVESTILLC (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 11/15/2013 and assigned Florida document number L13000160525 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 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

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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TEPMAHC RICHARD	44 W FLAGLER STREET SUITE 1100	
		MIAMI, FL 33130	■ Remove
·			
		TALCAE LAH	Remove
		ASS	2
		FLORIDA	Remove
			_□ Add
			Remove
			_
			_□ Add
			_□ Remove
			_ _□ Add
			_□ Remove

ffective date, if other than the date of filing the effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department.	ate of receipt or filed date and cannot be more than 90 days after
10th OCTOBER	2014
	· <u>· · · · · · · · · · · · · · · · · · </u>
Signature of a	member or authorized representative of a member
Signature of a	member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA