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COVER LETTER

TO:	Registration S Division of Co		
oun ie		et Investments, LLC	
SUBJE	CI:	Name of Limited Liability Company	
The end	closed Articles o	of Amendment and fee(s) are submitted for filing.	
Please	return all corresp	spondence concerning this matter to the following:	
		Dennis J. Donovan	
		Name of Person	
		Pentucket Investments, LLC	
		Firm/Company	
		PO BOX 171	
		Address	
		Indian Rocks Beach, FL 33785	
		City/State and Zip Code	
		djd654@yahoo.com	
		E-mail address: (to be used for future annual report notification)	
For fur	ther information	n concerning this matter, please call:	
Dennis	s J. Donovan	407 617-4433 at ()	
	Name	e of Person Area Code Daytime Telepho	ne Number
Enclose	ed is a check for	r the following amount:	
\$2 :	5.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ Certificate of Status Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & 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

Pentucket Investments, LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited	Liability Company were filed on $\frac{0}{2}$	2/15/2004 and assigned
Florida document number L04000011528		
his amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company h	<u>iere</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the	
Enter new principal offices address, if appli	cable:	AUG.
Principal office address MUST BE A STRE	ET ADDRESS)	89 R
,		(7)
	,	
Enter new mailing address, if applicable:		0 2 2
Mailing address MAY BE A POST OFFICE	7 BOX)	22
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		on our records, <u>enter the name of the</u>
N. B. i. LOST ALL	14846 Seminole Trail	
New Registered Office Address:		orida street address
	Seminole	, Florida 33776
	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 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 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 **Type of Action Address** <u>Title</u> <u>Name</u> □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change □ Add 3 _□ Remove Change □ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change

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Typed or printed name of signee

Filing Fee: \$25.00