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Division of Corporations

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s.ayers@newsomeye.net Email Address:__

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COVER LETTER

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ro; Registration Sec Division of Corp			
	e Plaza, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
wa		-lund for Clina	
	Amendment and fee(s) are sub-		
Please return all correspo	ndence concerning this matter	to the following:	
	Amanda L. Walls		
		Name of Person	
	Peterson & Myers, P.A.		
		Firm/Company	
	225 East Lemon Street, Su	ite 300	
		Address	
	Lakeland, Florida 33801		
		City/State and Zip Code	
	s.ayers@newsomeyc.net E-mail address: (to he used for future annual report noti	fication)
For further information c	oncerning this matter, please c	ali:	
Melissa Cook		863 683-6511	:
Name o	f Person	Area Code Daytim	o Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Piling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Malling Address		<u>Street Address;</u> Registration Se	ction
Registration S Division of C	corporations	Division of Cor	porations
P.O. Box 632 Tallahassee, l		The Centre of 7	Fallahassee e Street, Suite 810
rananassee, i	* ** ** ** **	Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Newsom Eye Plaza, LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	, as it now appears on our records.) shility Company)			
The Articles of Organization for this Limited Liability Company w	vere filed on February 28, 2006	and	l assigno	ed
Plorida document number L06000021345				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
Penbrooks Properties I, LLC				
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	abbreviatio	n "LL.C.	**
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter a constitue address of applicables				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
				·
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	idress on our records, <u>enter the na</u>	me of the	new re	gistered
N.— a of New Projectured Agents		71 710	9jn	ent se
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Ditto 2 sortiu sii coi ditarco	350 A	\mathbb{C}	
	, Florida _		odez	
N. D. C. Line and Co. of the Co.	City		co	
New Registered Agent's Signature, if changing Registered Agent:		60H	FK Y	
I hereby accept the appointment as registered agent and agree				
provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr				
accept the confiditions of my position as registered agent as pr being filed to merely reflect a change in the registered office a	iddress, I hereby confirm that the	limited li	ability	ar is
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: (((H22000216922 3)))

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name		Address	Type of Action
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				©Remove
				Change
	<u> </u>			□Add
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Note: If the o	te, if other than the date at it listed, the date must be spelate inserted in this block do ffective date on the Department.	es not meet the applic	able statutory filing	options (options) to than 90 days after filing requirements, this days	l) ng.) Pursuant to 605.0207 to will not be listed as
record speci 1 is filed.	fies a delayed effective date,	but not an effective to	ime, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
June ated	22	2022	·		
_	Signal	ure of a member or auth	orized representative	of a member	
	 		•		
		TL **	Vewsom, Manager		

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