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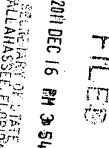
(1	Requestor's Name)
(,	Address)
(.	Address)
(1	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	A. LUNT
	DEC 19 2011

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COVER LETTER

TO: Registration S Division of €0		.		•	r.	
SUBJECT:	PENTRA	II Properties, LLC				
SOBJECT:		ited Liability Company				
	f Amendment and fee(s) are sulpondence concerning this matter	_				
		Emran R Imami				
		Name of Person				
	PE	NTRA II Properties LLC				
		Firm/Company		1	2011	
3		75 Ocean Oaks Drive		AH	2011 DEC 16	""7
		Address			91.	
	I	ndialantic, FL 32903			=	iy.
		City/State and Zip Code		<u> </u>	ట్టు	(Alley)
	G-mail address: (torimami@hotmail.com to be used for future annual report notifi	cation)	900	t.	
For further information	concerning this matter, please	•	·····,			
To runer intermation	concerning this matter, pieuse (ouii.				
Alicia Stellato		at (3-1901 x110			
Name	of Person	Area Code & Daytimo	retepnone Number	r		
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certifico	te of Statu		d)
	LING ADDRESS:	STREET/COURI Registration Section				

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PENTRA II Pr	operties, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor Liability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	
Florida document numberL06000063868			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Lim" [l.,C."	ited Liability Company," the design	ation "LLC" or the abbreviation	
		78. 201 18. Car	
Enter new principal offices address, if applicable:	*	25 6	
(Principal office address MUST BE A STREET ADDRESS)	**************************************		
		057 6 F	
Enter new mailing address, if applicable:	P O Box 33790	- - ω	
(Mailing address MAY BE A POST OFFICE BOX)	Indialantic, FL 32903	9 9	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new	
registered agent and/or the new registered office address her	<u>z</u> .		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flor	ida	
	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

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

MGR = Manager

MGRM = N	Janaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Irfan R Imami	P O Box 33428 Indialantic, FL 32903	☐ Add ✓ Remove
			Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			A Remove "T
			SEE OF Remove
			ETA da
D. If amend	ling any other information, ent	er change(s) here: (Attach additional sheets, if n	necessary.)
Dated	December 12	. 2011	w/
	Signature of	a member of authorized representative of a member	
	TO STORY COMPANY	Emran R Imami Typed or printed name of signee	
		- Name of britished remove of puBries	

Page 2 of 2

Filing Fee: \$25.00