## L06000114958

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
| WITHORIZE ON BY PHONE TO                |  |  |  |
| SARRECT                                 |  |  |  |
| WE FYAM POLT                            |  |  |  |

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SECRETARY OF STATE
DIVISION OF CORFORATIONS

B. Rather JUN 13 2008

## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp                           |   |  |   |  |
|--|---|--|---|--|
| 55.116   |   |  |   |  |
| SUBJECT: PE, LLC  (Name of Limited Liability Company)              |   |  |   |  |
|  |   |  |   |  |
| The enclosed Articles of A   | Amendment and fee(s) are sub                | mitted for filing.   |   |  |
| Please return all correspon  | ndence concerning this matter               | to the following:  |   |  |
|  |   |  |   |  |
| T.N. Murphy, Jr., Esq. (Name of Person)                            |   |  |   |  |
|  |   |  |   |  |
| Dickenson, Murphy, Rex & Sloan (Firm/Company)                      |   |  |   |  |
|  |   | (  |   |  |
| 980 North Federal Highway, Suite 410 (Address)                     |   |  |   |  |
|  |   | (Addiess)  |   |  |
| Boca Raton, Florida 33432  |   |  |   |  |
|  |   | (City/State and Zip Code)  |   |  |
| For further information co   | oncerning this matter, please c             | all:   |   |  |
| T.N. Murphy, Jr.   |   | at ( <b>S</b> 61 ) 391-1900  |   |  |
| (Name of Person) at (Sol 1988)  (Area Code & Daytime Telephone Nur |   | elephone Number)   |   |  |
|  |   |  |   |  |
| Enclosed is a check for th   | e following amount:                         |  |   |  |
| <b>☑</b> \$25.00 Filing Fee  | □\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |
| MAILI  | ING ADDRESS:                                | STREET/COURIER   | ADDRESS:  |  |

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

| PE, LLC  |   |                           |
|--|---|---------------------------|
| ( <u>Name of the Limited Lia</u><br>(A Flo                       | ability Company as it now appears on our records.) orida Limited Liability Company) |                           |
|  |   |                           |
| The Articles of Organization for this Limited Liabi              | ility Company were filed on November 30, 2006                                       | and assigned              |
| Florida document number L06000114958                             |   | 8 Niski                   |
|  |   |                           |
| This amendment is submitted to amend the followi                 | ing:  | FARE OF C                 |
|  | _   |                           |
| A. If amending name, enter the new name of th                    | e limited liability company here:   | PRPORA                    |
|  |   |                           |
| The new name must be distinguishable and end with th<br>"L.L.C." | he words "Limited Liability Company," the designation                               | "LLC" or the abbreviation |
|  |   |                           |
| Enter new principal offices address, if applicable               | le:   | <del></del>               |
| (Principal office address MUST BE A STREET A                     | ADDRESS)  |                           |
|  |   |                           |
|  |   |                           |
| Enter new mailing address, if applicable:                        |   |                           |
| (Mailing address MAY BE A POST OFFICE BO                         | <u> </u>  |                           |
|  |   |                           |
|  |   |                           |
|  | registered office address on our records, ente                                      | r the name of the new     |
| registered agent and/or the new registered offic                 | e address here:   |                           |
|  |   |                           |
| Name of New Registered Agent:                                    |   |                           |
| New Registered Office Address:                                   |   |                           |
|  | 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)

If amending the Managers 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 <u>Name</u> **Address** Type of Action ratricia Kerm MGRM Add MARM ■ Remove Revocable Trust Agreement UM10 May 23, 2008 Add Remove □ Remove ☐ Add □ Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The membership interest of Patricia M. Keim in PE, LLC shall be transferred to The Patricia M. Keim Revocable Trust Agreement U/A/D May 23, 2008. Dated Signature of a member or authorized representative of a member atricia Typed or printed name of signee

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Filing Fee: \$25.00