## L07000095850

	•					
	(Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-L	JP. WAIT MAIL					
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instruction	ns to Filing Officer:					
: : :						

Office Use Only



300184018663

08/09/10--01009--024 \*\*30.00

10 AUG -9 PH 12: 24

SECRETARY OF STATE DIVISION OF CORPORATIONS

T, HAMPTON

AUG 1 0 2010

EXAMINER

## COVER LETTER

TO: Registration Section

Division of Corp	orations		
SUBJECT:	PN ROPER	RTIES SOUTH LLC	
SUBJECT:		ited Liability Company	
•	•		
	•	·	
The enclosed Articles of A	mendment and fee(s) are sub	bmitted for filing.	
Please return all correspon	dence concerning this matter	r to the following:	
	-		
		CHERYL NOSKA	
		Name of Person	 
			·
		Firm/Company	
			•
		PO BOX 254	
		Address	
• :	-	,	
	PA	ALM BEACH, FL 33480	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	C	CNOSKA@AOL.COM	,
	E-mail address: (	(to be used for future annual report notification)	;
For further information co	oncerning this matter, please	call:	
CHE	DVI NOCKA	et ( 561 ) 379-0374	
Name of	RYL NOSKA	at ( 561 ) 379-0374  Area Code & Daytime Telephone Number	
, Name of	i erson	Area code & Daytine Telephone Transper	
	,		; -1 =
Enclosed is a check for th	e following amount:		7
•		\$55.00 Filing Fee & \$60.00 Filing Fee,	
\$25.00 Filing Fee ~	\$30:00 Filing Fee & Certificate of Status	Certified Copy Certificate of Status	&
		(additional copy is enclosed) Certified Copy	
		(additional copy is e	:nclosed)
· MAIEI	NG ADDRESS:	STREET/COURIER ADDRESS:	
- Registra	ation Section .	Registration Section	
	n of Corporations	Division of Corporations	
P.O. Bo Tallaha	ox 6327 ssee, FL 32314	Clifton Building 2661 Executive Center Circle	
, i mitana		Tallahassee, FL 32301	

## ARTICLES OF AMENDMEN ARTICLES OF ORGANIZATION **OF**

PN PROPERTIE	S SOUTH LLC		
(Name of the Limited Liability Compar	y as it now appears on ou lability Company)	ır records.)	<del></del>
(A Profite Emilieu E	lability Company)		<u> </u>
The Articles of Organization for this Limited Liability Company	were filed on SEPTEM	IBER 19, 200	)7 and seigned S
Florida document numberL0700095850	•	-	<b>6 2 2 2 3 3 3 3 3 3 3 3 3 3</b>
Tiorda document named		٠.	- G
		t -	2 20
This amendment is submitted to amend the following:			RY OF STA CORPORA 9. PH 12:
A. If amending name, enter the new name of the limited liab	ility company here:	The second	2 22
WEXELBAU	MS LLC		ONS ONS
The new name must be distinguishable and end with the words "Limi	ted Liability Company," th	e designation "Ll	LC" or the abbreviation
"L.L.C."	•		
Enter new principal offices address, if applicable:	721 US HIGHWAY	<u>/</u> 1 /	
(Principal office address MUST BE A STREET ADDRESS)	UNIT #211	<u>-</u>	
	NORTH PALM BE	ACH, FL 33	408
	1.5		
Enter new mailing address, if applicable:	PO BOX 254		
(Mailing address MAY BE A POST OFFICE BOX)	PALM BEACH, FL 33480		
B. If amending the registered agent and/or registered of		cords, <u>enter tl</u>	<u>ie name of the ne</u>
registered agent and/or the new registered office address her	<u>e</u> :		
•			
Name of New Registered Agent: ROBERT M	CLAUGHLIN		
New Registered Office Address: 228 MONTI	RANT DR.		u itm 👬 🕟 👻
New Registered Office Address.	· · · · · · · · · · · · · · · · · · ·	orida street addi	ress
PALM B	EACH GARDENS	. Florida	33410
	City		Zip Code
Nam Bagistared 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 ferformance 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 hadress. 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action Name** <u>Address</u> MGRM RICHARD A PANETTA bbA 🔲. ✓ Remove **MGRM** FRANK T. NOSKA III ✓ Remove FRANK T. NOSKA III Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JULY 29** 2010 Dated

Typed or printed name of signee . .

Page 2 of 2
Filing Fee: \$25.00

Signature of a member or authorized representative of a member

CHERYL NOSKA