9/14/2015



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: PV EQUIT	TY PARTNERS, LLC Name of Lim	aited Liability Company	****		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Cheyenne Moseley				
		Name of Person			C
	Legalzoom.com, Inc.	Ni in Canada			*
		Firm/Company	•		
	100 W. Broadway Suite	100 Address		، 22	
		Address	,LA	3	mwyty.
	Glendale, CA 91210		HA HA	SEP	
	Chemane, Creviero	City/State and Zlp Code	SS	-	
	kevin cerroll@nyeouityr	artners com	íu° Çü≺	. <u>.</u>	,
	E-mail address: (partners.com (to be used for future annual report notif	ication)	\triangleright	g
For further information c	oncerning this matter, please c	all:	ORIDA ORIDA	2015 SEP IN A II: 35	O
Imelda Vasquez		at (323) 962-8600 ex	1 7950	٠,	
	f Person		Telephone Number		
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing I Certificate of Certified Cop (additional copy	Status & y	

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

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)	
(A Florida Limited I	Clability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 1/29/2008	and assigned
Florida document number L08000010479		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	320 Royal Tern Road South	
(Principal office address MUST BE A STREET ADDRESS)	Ponte Vedra Beach, Florida 32082	
	ALE	2015
Enter new mailing address, if applicable:	320 Royal Tern Road South	SE TI
Mailing address MAY BE A POST OFFICE BOX)	Ponte Vedra Beach, Florida 32082	毋 - 11
	ين ا	_ m
B. If amending the registered agent and/or registered o	ffice address on our records, enter t	name of the
egistered agent and/or the new registered office address her	ORIE	
	DE A	S
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
			Add	
			□ Remove	
			□ Add	
			□ Remove	
and the second second			Add	
			□ Remove	
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			Remove SEP SEP	
	•		The South	
			Remove	
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			П Remove	

):	Page 6 of 6	2015-09-14 10:26:33 PDT	LegalZoom.com, Inc	. From: Tierra Fisher
	D. If amending any other information, enter o	change(s) here: (Attach additional sheets,	if necessary.)	
	E. Effective date, if other than the date of filin (The effective date must be specific, cannot be prior to de the date this document is filed by the Florida Department	ate of receipt or filed date and cannot be more than	_ (optional) 90 days after	
	Dated September 14th	, 2015		
	Signature of a	member or authorized representative of a member	-	-
		Kevin James Carroll Typed or printed name of signee		-

Page 6 of 6

Page 3 of 3

Filing Fee: \$25.00

2015 SEP IN A II: 35