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(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp				
ار SUBJI		Penduli	um Insurance		·
301331			ted Liability Company		
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	ndence concerning this matter	to the following:		
			Peter M Granat		_
			Name of Person		
Pendulum Inurance LLC					
			Firm/Company		
		934	N University Drive #21	5	
			Address		_
Coral springs, FL 33071					
			City/State and Zip Code		
pmg727@yahoo.com E-mail address: (to be used for future annual report notification)					
For fu	rther information co	oncerning this matter, please c	all:		
	Pet	er M Granat	at (305)	215-0175	
	Name of	Person	Area Code & D	aytime Telephone Numb	er
Enclos	sed is a check for th	e following amount:			
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	Certific closed) Certifi	Filing Fee, cate of Status & ed Copy onal copy is enclosed)

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

FILED

2011 APR 20 PM 18 50

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			10 图 83
The Articles of Organization for this Limited Liability Company were filed on	Pe	endulum Insurance	SECRETARY OF
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New Registered Office Address: Enter Florida street address , Florida			
Enter Florida street address, Florida	Name of New Registered Agent:		
Enter Florida street address, Florida	New Registered Office Address:		
	•	Enter	Florida street address
			. Florida
		City	

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGRM_	Peter M Granat	934 N University Drive #215 Coral Springs, F 33071	Add Remove
			Add Remove
			Add Remove
			Add Remove
<u>.</u>			Add Remove
			AddRemove
		change(s) here: (Attach additional sheets, if necess	eary.)
<u>F</u>	Remove Pendulum Financial as	s MGRM	
_			2011 SE
			I APR 20
Dated	April 15	2011. Co CFO of Rodulum Ins	KOF SING
	Signature of a i	member or authorized representative of a member	DA CO
		Peter M Granat Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00