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SECRETARY OF STATE

ATTACASE OF STATE

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N. Cuffigan SEP 3 - 2013

COVER LETTER

	COVER LETTER
TO: Registration S Division of Co	
SUBJECT:	PEN & PARCHMENT LLC Name of Limited Liability Company
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.
Please return all corresp	condence concerning this matter to the following:
	BARBARA A. NELSON-FUQUA
	PEN + PARCHMENT LLC Firm/Company
	5420 NEW SAVANNAH CIRCLE
	WESLEY CHAPEL FLORIDA 33545 City/State and Zip Code banelsonart @ aol. com
Barbara	E-mail address: (to be used for future annual report notification) concerning this matter, please call: Nelson-Fugua at (813) 313-6107
Name	of Person Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount:
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional 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

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	Or			
(Name of the Limited L	PARCHA ability Company lorida Limited Lial	AENT LLC as it now appears on or bility Company)	,	RY OF STATE SEE, FLORIDA
The Articles of Organization for this Limited Liab	oility Company w		1/2008	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liabili	ty company here:		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited	1 Liability Company," the	e designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	5420 N	EN SAI	IANNAH CK
(Principal office address MUST BE A STREET .	<u>ADDRESS)</u>	MERCE	CHAP	01,FL 33545
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	SAME A	s 4.30v	E
B. If amending the registered agent and/or registered agent and/or the new registered offic		e address on our re	cords, <u>enter 1</u>	the name of the new
Name of New Registered Agent:	BARB	MA A. NEL	sav- F	APP
New Registered Office Address:	5420	NEW SAVAN Enter Flo	NAH CY	
		Y CHAPEL City	, Florida	33545 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, 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** Title ` **Address** Name 1 ECKERT CARROLLS 812 HARBOR PRESERVE CT MGR PONTE VEDRA, FL 32081 Remove NELSON-FLOUR, BACARA A. STOO NEW SAVANNAU CIRCUID WESLEY CHAPEL FL Remove 33545 Add Remove Add Remove Add Remove Add

Remove

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ed	8-25-13			
	Carroll 88 de t		Palma O	Myndiga
	CARRUL S ECKERT		BARBARA	4. NEZSON- Fugul
		Typed or printed nan Page 3 of	_	Fugul

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA