

LD9000001547

Florida Department of State
Division of Corporations
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L. SELLERS

To: Division of Corporations
Fax Number : (850) 617-6383

JAN 22 2010

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I200700000020
Phone : (813) 435-3176
Fax Number : (813) 333-6358

EXAMINER

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OPTIMAL VALUE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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10 JAN 21 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 JAN 21 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OPTIMAL VALUE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/07/2009 and assigned
Florida document number L09000001547

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PANALUCENT, LLC

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:

IT SHALL NOT CHANGE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

IT SHALL CHANGE TO:

(Mailing address MAY BE A POST OFFICE BOX)

532 9TH AVE. NORTH

ST. PETERSBURG, FL 33701

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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

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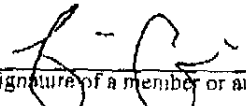
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALAN A. SAMET	532 9TH AVE NORTH ST. PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 12/24 2009


Signature of a member or authorized representative of a member
NICK SPRADLIN AS REPRESENTATIVE
Typed or printed name of signee

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