## LD9000028939

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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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C. LEWIS

MAR 1 9 2010

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co	Section Orporations				
· • • • • • • • • • • • • • • • • • • •	•				
SUBJECT:	PE-N	NEXUS, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matte	r to the following:			
		ANTHONY HILL			
Name of Person					
PE-NEXUS, LLC					
Firm/Company					
	344	9 NE 1ST AVE STE 109			
Address					
MIAMI, FL 33137					
		City/State and Zip Code			
ANTHONY.HILL@PE-NEXUS.COM  E-mail address: (to be used for future annual report notification)					
		•	cation)		
For further information	concerning this matter, please of	call:			
AN	ITHONY HILL	at ( 305 )	9653239		
Name	of Person	Area Code & Daytime	: Telephone Number		
Enclosed is a check for	the following amount:				
<b>✓</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, 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 OF

FILED

2010 MAR 18 PM 3: 12

(Name of the Limited (A	PE-NEXUS, LLC Liability Company as it now appears Florida Limited Liability Company)	SFCR on our records() [A	ETARY OF STATE HASSEE, FLORIDA
The Articles of Organization for this Limited Li Florida document numberL09000028	ability Company were filed on		and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company here	:	
The new name must be distinguishable and end wit 'L.L.C."  Enter new principal offices address, if applications are the second of the second o		ny," the designation "L	LC" or the abbreviation
(Principal office address MUST BE A STREE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>		
B. If amending the registered agent and/oregistered agent and/or the new registered of		ur records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:	ANTHONY HILL		
New Registered Office Address:	3449 NE 1ST AVE, STE 10	9 er Florida street add	lvass
	MIAMI	, Florida	33137
	City		Zip Code
New Registered Agent's Signature, if changing I	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>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ANTHONY HILL	1800 N BAYSHORE DR #2303 MIAMI, FL 33132	Add _✓ Remove
<u>MGRM</u>	MATTHEW WELLS	888 BISCAYNE BLVD #3503 MIAMI, FL 33132	Add  Remove
MGRM	JOHN K. DOYLE	350 SE 2ND ST #2650 FORT LAUDERDALE, FL 33301	Add Remove
<u>MGRM</u>	IGOR ROYZIS	20828 NE 32ND AVE AVENTURA, FL 33180	Add Remove
MGRM	ANTHONY HILL	3449 NE 1ST AVE, STE 109 MIAMI, FL 33137	
			Add Remove
D. If ame	nding any other information, en	ter change(s) here: (Attach additional sheets, if necessa	ury.) 
_		3 1	ZOID HAR 18
Dated	FEBRUARY 28	, <u>2010</u>	LED 18 PM 3: 12 ASSEE, FLORID
	Signature of	a member or authorized representative of a member  ANTHONY HILL	<del></del>
		Typed or printed name of signee	

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Filing Fee: \$25.00