

LOG000032926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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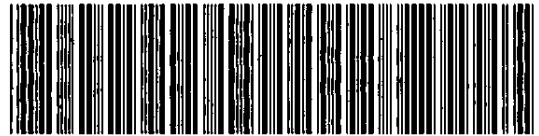
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS  
JAN 12 2010  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PENNIMAN INVESTMENTS LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**GUS E ROBBINS-PENNIMAN, MGRM**  
Name of Person

**PENNIMAN INVESTMENTS LLC**  
Firm/Company

**25870 HICKORY BLVD., APT 107**  
Address

**BONITA SPRINGS, FL 34134**  
City/State and Zip Code

**grplaw01@gmail.com**  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Gus Robbins-Penniman** at ( **239** ) **784-4626**  
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      ☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 24, 2009

GUS E. ROBBINS-PENNIMAN  
25870 HICKORY BLVD. APT 107  
BONITA SPRINGS, FL 34134

SUBJECT: PENNIMAN INVESTMENTS LLC  
Ref. Number: L09000032926

We have received your document for PENNIMAN INVESTMENTS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 709A00039121

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**PENNIMAN INVESTMENTS 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 April 6, 2009 and assigned  
Florida document number L09000032926.

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)

8141 San Carlos Blvd.

Fort Myers, FL 33967

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

25870 Hickory Blvd., Apt 107

Bonita Springs, FL 34134

**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**

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         | ART J PENNIMAN | 8179 EGRET RD<br>FORT MYERS, FL 33912 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated OCTOBER 1, 2009



MGRM

Signature of a member or authorized representative of a member

GUS E ROBBINS-PENNIMAN

Typed or printed name of signee