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(Re	equestor's Name)				
(Ad	ddress)				
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SECRETARY OF STATE
AND AMASSEE, FLORIDA

J. BRYAN

MAY 1-5 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	ECT:	Pennard	Enterprises, LLC		
		Name of Lim	ited Liability Company		
		f Amendment and fee(s) are sui	-		
			David Hendler		
			Name of Person		
P		Pe	ennard Enterprises LLC		09 TAL
			Firm/Company		AR A
3		33	3233 White Blossom Ln Address Clermont, FL 34711		O9 MAY IL AMII: 3 SECRETARY OF STAT ALLAHASSEE. FLORI
			City/State and Zip Code		· PRE 3
D			elvisdh@gmail.com to be used for future annual report notific	estion)	1>
For fur	ther information of	concerning this matter, please	•	ationy	
	D	errial Hamallan	407	47.0400	
David Hendler Name of Person			at (407) 3	347-8188 Telephone Number	
	- 1			Total Programme	
Enclose	ed is a check for t	the following amount:			
\$25.00 Filing Fee Certificate of Status MAILING ADDRESS: Registration Section Division of Corporations		\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	of Status &
		ration Section	STREET/COURIE Registration Section Division of Corpora		•

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7 8 m

5			夏之!
(Name of the Limited	ennard Enterprises, LLC	mo on our records \	======================================
(A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.	CAETARY OF ASSIGNED OR
			河绵 美 乙
The Articles of Organization for this Limited Li	ability Company were filed on	4/8/2009	affid assigned
Florida document numberL09000034			ORIOA ORIOA
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with	h the words "Limited Liability Comp	any." the designation "	LLC" or the abbreviation
"L.L.C."		,,	
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	ROX)		
to the state of th			
		······································	·
B. If amending the registered agent and/o	or registered office address on	our records, enter	the name of the new
registered agent and/or the new registered of		, <u></u>	
Name of New Registered Agent:			
New Registered Office Address:			
<u> </u>	Enter Florida street address		
		, Florida	
	City	, Fiorida	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> Name <u>Address</u> **Type of Action** MGRM Judy Fuss 2849 Carrie Ct ✓ Add Remove Kennesaw, GA 30144 MGRM David Hendler 3233 White Blossom Ln ☐ Add Clermont, FL 34711 ✓ Remove Add _ Remove Add □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar 5/12 2009 Dated David Hendler
Signature of a member or authorized representative of a member **David Hendler** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00