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JUL <b>- 9</b> 2010	

**EXAMINER** 



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07/08/10--01022--018.

## **COVER LETTER**

TO: Registration Section Division of Corporations	•	
Pennal	rd Enterprises LLC	
SUBJECT: Permai	imited Liability Company	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
	David Hendler	
	Name of Person	
	Pennard LLC	
	Firm/Company	74. 74. 74. 74. 74. 74. 74. 74. 74. 74.
	13000 Sandy Pine Lane	SECRETARIAN TO SECRETARIAN SEC
	Address	
And the second of the second o	Clermont, FL 34711	
	City/State and Zip Code	PHIZ:
	PennardLLC@gmail.com	
E-mail addres	ss: (to be used for future annual report notification)	<b>Du O</b>
For further information concerning this matter, please	se call:	
David Hendler	at ( 352 ) 348-9	995
Name of Person	Area Code & Daytime Telepho	one Number
	,	
Enclosed is a check for the following amount:		
	Deserve Piller Page 8	eca oo pur
\$25.00 Filing Fee & Certificate of Status	Certified Copy	\$60.00 Filing Fee,  Certificate of Status &
	(additional copy is enclosed)	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

Pennard Enterprises L	LC .			
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	opears on our record any)	<u>s.</u> )		
The Articles of Organization for this Limited Liability Company were filed on	10/13/200	9 and assigned		
Florida document numberL0900034359		•		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company	y here:			
Pennard LLC				
The new name must be distinguishable and end with the words "Limited Liability C "L.L.C."	ompany," the designat	ion "LLC" or the abbreviation		
	·			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	. L	<u> </u>		
·		<u> </u>		
	•			
Enter new mailing address, if applicable:	; ;	.SSS. <b>48</b>		
(Mailing address MAY BE A POST OFFICE BOX)		TR 2 M		
	,			
		5 <b>5</b>		
B. If amending the registered agent and/or registered office address	on our records, ei			
registered agent and/or the new registered office address here:	,			
Name of New Registered Agent:	1 1	·		
New Registered Office Address:	1			
Italiana cima manage.	Enter Florida street address			
	. Floric	łα		
City	, rior	7in 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 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** ☐ Add Remove Add Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or author zed representative of a member

Page 2 of 2

David Tendler
Typed or printed name of signee

Filing Fee: \$25.00