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ALAHASSEE, FRANCE

J. SAULSBERRY EXAMINER MAY 17 2012

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	PELN	NAY IV, LLC			
		ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	· .	LETTY M VILLA			
		Name of Person			
		PELNAY IV, LLC			
		Firm/Company		<b></b>	
	4501	GRANADA BOULEVARD		2012 MAY 16 STERETARY ALLAHASSE	
		Address		AHAY	
	CORA	_ GABLES, FL 33146-1245			
		City/State and Zip Code	<u> </u>		
	PE	PELNAY@GMAIL.COM ress: (to be used for future annual report notification)		AM '9: 42 OF'STATE E. FEORIDA	ټ.
		·	uon)	<b>2</b>	
For further information	concerning this matter, please of	all:			
LE	TTY M VILLA	at 1 )	26-8814		
Name	of Person	Area Code & Daytime T	'elephone Number		
Enclosed is a check for	the following amount:				
<b>✓</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	)
	LING ADDRESS: tration Section	STREET/COURIE Registration Section	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PELNAY IV, LLC				
( <u>Name of the Limited</u> (A	Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited L Florida document number L0900004	• • •	MAY 18, 2009	and assigned	i	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	of the limited liability company he	<u>ce</u> :			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Comp	any," the designation, "	LLC" or the abbrev	viation	
Enter new principal offices address, if applic	cable:		72017 72017	<del></del>	
(Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable:			IS AM 9:		
(Mailing address MAY BE A POST OFFICE BOX)			- <del>5</del>		
B. If amending the registered agent and registered agent and/or the new registered o		our records, <u>enter</u>	the name of the	e new	
Name of New Registered Agent:	LETTY M VILLA				
New Registered Office Address:	4501 GRANADA BOULEV				
	Enter Florida street address				
	CORAL GABLES	, Florida	33146-1245		
	City		Zip Code		
Now Pagistared Agent's Signature if changing	Registered Agent'				

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.

\* Total M IIIIA

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 Title Name <u>Address</u> Type of Action MGRM PEDRO A VILLA 4501 GRANADA BLVD Remove **CORAL GABLES, FL 33146-1245** ☐ Add Remove Remove ∏ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ure of a member or authorized representative of a member **LETTY M VILLA** 

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee