

L090000 61966

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

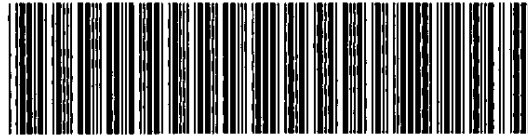
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2016 JUL -8 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUL 11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2016

NOVAK LAW GROUP, PLLC  
JEREMY T.M. NOVAK  
402 REID AVE.  
PORT ST. JOE, FL 32456

SUBJECT: PREBLE-RISH HOLDINGS, LLC  
Ref. Number: L09000061966

2016 JUL -8 PM 3:41  
TALLAHASSEE  
OF

We have received your document for PREBLE-RISH HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is 250390 "PEL CORPORATION".

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 816A00013502

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Preble - Rish Holdings, 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:

Jeremy T. M. Novak  
Name of Person  
Novak Law Group, PLLC  
Firm/Company  
402 Reid Avenue  
Address  
Port St. Joe, FL 32456  
City/State and Zip Code  
jnovak@novaklaw.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremy T. M. Novak at ( 850 ) 229 - 4700  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Preble-Rish Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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2016 JUL -8 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 25, 2009 and assigned  
Florida document number L09000061966.

This amendment is submitted to amend the following: PR Holdings Sunset, LLC

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

106 N. Caicos Drive

**(Principal office address MUST BE A STREET ADDRESS)**

Port St. Joe, Florida 32456

**Enter new mailing address, if applicable:**

106 N. Caicos Drive

**(Mailing address MAY BE A POST OFFICE BOX)**

Port St. Joe, Florida 32456

**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:** Novak Law Group, PLLC  
c/o Jeremy T.M. Novak

**New Registered Office Address:** 402 Reid Avenue

*Enter Florida street address*

Port St. Joe, Florida 32456  
*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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 5, 2016

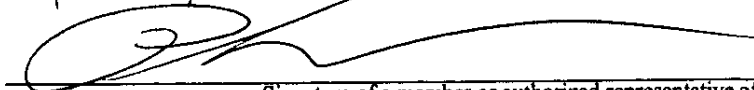
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated April 5, 2016, \_\_\_\_\_



Signature of a member or authorized representative of a member

Philip Jones

Typed or printed name of signee