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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUL 2 2-2010

EXAMINER

COVER LETTER

TQ: . Registration Section Division of Corporation			
SUBJECT: Pe	PINJAY LLC Name of Limi	ited Liability Company	
The enclosed Articles of Arr	nendment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	RICHARD	De Voe Name of Person	
	POPINSAY <	Firm/Company	··········
-	10223 PALEK	PMO CIR # 301 Address	
	TAMPA FC	33619 City/State and Zip Code	
-	ELITEFEET DD E-mail address: (1	GMAIL, COM to be used for future annual report notificat	nion)
For further information conc			
RICHARD L Name of Pe	rson	at (<u>813</u>) <u>410</u> - <u>374</u> Area Code & Daytime T	43 elephone Number
Enclosed is a check for the f	ollowing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LLC			
(<u>Name of the Limited L</u> (A F	iability Company as it now appears of Torida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liab Florida document number <u>21000041313</u>	oility Company were filed on 4/			
This amendment is submitted to amend the follow	ving:	TARY OF CO		
A. If amending name, enter the new name of the	he limited liability company here:	ORPORA		
The new name must be distinguishable and end with to "L.L.C."	the words "Limited Liability Company	" the designation "LLC" or the inbreviation		
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
	 			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BO	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	•	records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	without the second control of the second con	, 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 Title <u>Name</u> **Address Type of Action** MGRM KELLY M PORTER 23529 BELLAIRE LP ☐ Add LAND D LAKES FL 34639 Remove JAMES G PORTER MGRM 23529 BELLAIRE LP LAND O LAKES FL 34639 Add
Remove _ ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) EIN: 27-2367892 Dated Signature of a member or authorized representative of a member RICHARD W D 6 VOB

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00