

LI 0 0000 66099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

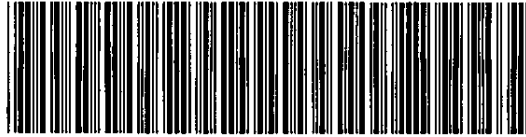
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers APR 22 2015



It Works!®

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908 Riverside Dr. • Palmetto, FL 34221

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April 7, 2015

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: The Pentecost Investment Group II, LLC; Document # L10000066099

Dear Sir/Madam:

Enclosed is check #9522 in the amount of \$25.00 for the filing fee on the Articles of Amendment for The Pentecost Investment Group II, LLC.

Thank you for assistance with this matter.

Sincerely,

Lauren Davis, FRP  
Corporate Paralegal

Enclosure(s)

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: The Pentecost Investment Group II, 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:

Tim Seat

\_\_\_\_\_  
Name of Person

It Works Marketing, Inc.

\_\_\_\_\_  
Firm/Company

908 Riverside Dr.

\_\_\_\_\_  
Address

Palmetto, FL 34221

\_\_\_\_\_  
City/State and Zip Code

tims@itworksglobal.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Seat

941

348-6647

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Mark B. Pentecost	8000 Stone Harbour Loop	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34212	<input type="checkbox"/> Remove
AMBR	Cindy L. Pentecost	8000 Stone Harbour Loop	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34212	<input type="checkbox"/> Remove
MGRM	Mark B. Pentecost	908 Riverside Dr.	<input type="checkbox"/> Add
		Palmetto, FL 34221	<input checked="" type="checkbox"/> Remove
MGRM	Cindy L. Pentecost	908 Riverside Dr.	<input type="checkbox"/> Add
		Palmetto, FL 34221	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 30

2015

*Mark B Pentecost*

\_\_\_\_\_  
Signature of a member or authorized representative of a member

MARK B. PENTECOST

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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