# #110000083086

	(Re	equestor's Name	
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	(Cit	y/State/Zip/Phor	ne #)
☐ F	PICK-UP	: WAIT	MAIL
· · · •	(Bu	siness Entity Na	me)
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Certified Copi	es	_ Certificate	s of Status
Special Inst	ructions to	Filing Officer:	
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#### **COVER LETTER**

TO:

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Registration Section
Division of Corporations

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# PNM PROPERTIES, 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:

## **David Kaucher**

Name of Person

Firm/Company

# 2066 North Druid Circle

Address

## Clearwater, FL 33764

City/State and Zip Code

## dkaucher1957@yahoo.com

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

For further information concerning this matter, please call:

## **David Kaucher**

727<sub>,</sub>772-3175

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)

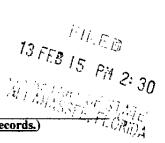
#### **MAILING ADDRESS:**

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



#### PNM PROPERTIES, LLC

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

The Articles of Organization for this Limited Liability	Company were filed on August 9	, 2010 and assigned
Florida document number L1000083086	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
PNM PALLETS, LLC		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADD	RESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	
	<del></del>	<del></del>
B. If amending the registered agent and/or regis		ords, enter the name of the new
registered agent and/or the new registered office add	<u>lress here</u> :	
Name of New Registered Agent:		
· -		
New Registered Office Address:	Enter Flor	ida street address
	Dividit 1707	
<del></del>	City	_, Florida 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

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
<del></del>			Add
			Remove
			Add
			Remove
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			Ađd
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			Add
			Remove
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			Add
			Remove

. If amending any other i	information, enter change(s) here: (Attach additional sheets, if necessary.)
ated February 12	<u>2013</u> .
Dal	Kaudor
David Kau	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00