11000111915

-				
(Re	equestor's Name)			
(Ac	idress)			
(Ac	ldress)			
, (110	141035)			
(Cit	ty/State/Zip/Phone	· #)		
_		_		
PICK-UP		MAIL		
	siness Entity Nam	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(Du	isiness Entity Naii	ie)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
	_			
Special Instructions to Filing Officer:				
	·			

Office Use Only



200188423672

12/14/10--01021--015 **25.00

TO DEC 14 PH 2:24

D. BRUCE DEC 15 2010 EXAMINEF

			COVER LETTER		 .
то:	Registration Section Division of Corpo		, ,		
SUBJECT:		PEN	M USA LLC		
		Name of Lim	ited Liability Company		
The er	nclosed Articles of Ar	mendment and fee(s) are su	bmitted for filing.		
Please	return all correspond	ence concerning this matter	r to the following:		
			JAHIT H. KAVURT		
			Name of Person		
KAVURT LAW OFFICES, P.A.					
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		636	6 WEST YALE STREET		
			Address		
		(ORLANDO, FL 32804		
			City/State and Zip Code		
		KA'	VURTLAW@AOL.COM	101	
		E-mail address: (to be used for future annual report notifica	tion)	77
For fu	rther information con	cerning this matter, please of	call:	A A A A A A A A A A A A A A A A A A A	- Services
	JAHIT	H. KAVURT	at (_407_)47	72-0621 Pelephone Number	7
	Name of Po	erson	Area Code & Daytime T	elephone Number	3
Enclos	sed is a check for the	following amount:			
₹ \$25	5.00 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

P	EM USA LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	10/27/2010	and assigned	
Florida document numberL10000111915	·			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lin</u>	nited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the will.L.C."	ords "Limited Liability Comp	pany," the designation "L	LC" or the abbreviatio	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)		· .	
			() O	
			製です	
Enter new mailing address, if applicable:			(020 E 2000	
(Mailing address MAY BE A POST OFFICE BOX)			9 7	
			S 10 27	
		ΙĎΑ) 74 74	
B. If amending the registered agent and/or regi		our records, enter t	he name of the nev	
registered agent and/or the new registered office ad	<u>aress nere</u> :			
N. CN. D. Co. LA.				
Name of New Registered Agent:				
New Registered Office Address:	r			
	Enter Florida street address			
	<u> </u>	, Florida	7: 0 - 1:-	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action Address** Title <u>Name</u> **HAKAN BAYTAR MGR** 7041GRAND NATIONAL DRIVE .[₹] Add ☐ Remove SUITE 128E ORLANDO, FL 32819. ☐ Add Remove ☐ Remove Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member ARZU BAYTAR Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00