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J. SAULSBERRY EXAMINER

MAR 31 2011

## **COVER LETTER**

TO: Registration S Division of Co	Section orporations		
SUBJECT:	PMF	P CAFE LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
		PETER NEHR	
•		Name of Person	
	Firm/Company Glorios9		
	35 QLOBIOUSA DRIVE Address		
		ij	
For further information	concerning this matter, please of	all:	רו
	ETER NEHR of Person	to be used for future annual report notification)  sall:  at (727) 2 44-413 / Rea Code & Daytime Telephone Number	1
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
	LING ADDRESS:	STREET/COURIER ADDRESS: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PIVIP CA					
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears Liability Company)	s on our records.)			
The Articles of Organization for this Limited Li Florida document number L10000113	were filed on	10/29/2010	and a	assigned		
This amendment is submitted to amend the follow.  A. If amending name, enter the new name of	-	ility company here	;			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ited Liability Compar	ny," the designation "l	LLC" or th	e abbrev	 iation
Enter new principal offices address, if applicable:		38541 U.S. HI	IGHWAY 19 NOI	RTH	2	
(Principal office address MUST BE A STREET ADDRESS)		PALM HARBO	OR, FLORIDA 34	684	=	
				A TO	HAR	
Enter new mailing address, if applicable:		2585 GLORIC	SA DRIVE	ARÝ O SSEE	30 F	
(Mailing address MAY BE A POST OFFICE BOX)		PALM HARBO	OR, FLORIDA 34	68 <del>4</del> ∽	_ <del>\;</del> `	
B. If amending the registered agent and/o			ur records, <u>enter</u>	the name	<del>-</del> 0	new
registered agent and/or the new registered of	tice address ner	· <u>e</u> ;				
Name of New Registered Agent:	PETER NEHR					
New Registered Office Address:	2585 GLOF	RIOSA DRIVE				<u></u>
		Ente	er Florida street ada	lress		
	PALM HARBOR		, Florida	34684		
		City		Zip Co	ode	
New Registered Agent's Signature, if changing I	Registered Agent:	Ŀ				
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regis being filed to merely reflect a change in the c company has been notified in writing of this	roper and comp stered agent as <sub>l</sub> registered office	plete parformance of provided for in Ch	of my dynes, gydd 1fe Apter 608, F, 1. Gr,	amffdmili if this do	ar with cument	and

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 Type of Action <u>Address</u> Title <u>Name</u> MGR MAHER M. ABUJUMA ☐ Add 107 S. OBRIEN STREET, #219 TAMPA, FLORIDA 33609 PETER NEHR MGR/M ✓ Add 2585 GLORIOSA DRIVE PALM HARBOR, FLORIDA 34684 Remove \_ ☐ Add ☐ Remove ∏Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member 'enr

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00