L11000008347

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EXAMINER



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05/02/11--01029--026 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration S Division of Co					
SUBJI						
50131		Name of Lim	ited Liability Company			
The en	closed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
		PETER HJALMEBY				
			Name of Person			
			Firm/Company			
6315 45TH STREET						
			Address			
		VERO	BEACH, FLORIDA 3296			
	Ť		City/State and Zip Code	* . -		
	. *	E-mail address: (MEBP@BELLSOUTH.NET to be used for future annual report not	ification)		
For fur	ther information	concerning this matter, please of	eall:	1.1.0011		
		ER HJALMEBY	at (772)	778 7847		
	Name	of Person	Area Code & Dayti	me Telephone Number		
Enclos	ed 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)		
	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 assee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		EMENT LLC						
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited L	ny as it now appears o liability Company)	n our records.)		- 			
The Articles of Organization for this Limited L	iability Company	were filed onJAN	UARY 20, 20	11 a	nd assig	ned		
Florida document number L11000008	3347							
This amendment is submitted to amend the foll	owing:							
A. If amending name, enter the new name o	f the limited liab	ility company here:						
	PET INVEST	MENT PARTNER	s uc				_	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company,	" the designation '	"LLC" c	or the ab	breviati	on	
Enter new principal offices address, if applicable:		6315 45TH STREET						
(Principal office address MUST BE A STREET ADDRESS)		VERO BEACH, FLORIDA 32967						
							-	
Enter new mailing address, if applicable:		6315 45TH STREET						
(Mailing address MAY BE A POST OFFICE BOX)		VERO BEACH, FL 32967						
							_	
B. If amending the registered agent and/ registered agent and/or the new registered or			records, enter	the na	ime of	the n	<u>ew</u>	
Name of New Registered Agent:	PETER HJA	LMEBY		AHK AHK	A	1.1		
New Registered Office Address:	6315 45TH STREET		33. 33. 50. 50. 50. 50. 50. 50. 50. 50. 50. 50	2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Enter	Florida street aa	dress	<u> </u>		, j	
	VERO BEAC		, Florida _	<u> 유로</u> 3	32 9 67		- ,	
		City		N Zip	C ód e		or pr	
New Registered Agent's Signature if changing l	Registered Agent.							

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

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 approvided 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 <u>Address</u> **Type of Action** PYH INVESTMENT LLC MGRM 6315 45TH STREET **☑** Add VERO BEACH, FL 32967 ☐ Remove MGRM ARIA FRESCA LTD 827 3RD AVENUE SOUTH ✓ Add ☐ Remove TIERRA VERDE, FL 33715 MGRM VERY GRATEFUL LLC 129 PRESTWICK CIRCLE ✓ Add ☐ Remove VERO BEACH, FL 32967 JEFFREY S MEADE MRM 129 PRESTWICK CIRCLE Remove VERO BEACH, FL 32967 □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of member or authorized representative of a member JEFFREY S MEADE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00