# 111000020864

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	,
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100301755321

07/27/17--01014--010 \*\*25.00



S. WARREN AUG 0 1 2017

# **COVER LETTER**

FO:	Registration Se Division of Cor			
2110 112	·CT.	PENTECH A	AMERICA, LLC	
SUBJE	.Cr:	Name of Lim	ited Liability Company	<del></del>
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		,	AMINA AYOUB	
			Name of Person	
		PENTECH AMERICA, LI	LC	
		· · · · ·	Firm/Company	
		20900 NE 30 AVE. SUITE	E 506	
			Address	
		MIAMI, FL 33180		
			City/State and Zip Code	<del> </del>
		AMINA.AYOUB@PENTE		
		E-mail address: (	to be used for future annual report notific	cation)
For furt	ther information c	oncerning this matter, please ca	alł:	
	AMINA	AYOUB	305 974-054	14
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>■</b> \$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

Tallahassec, 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

PENTECH AME		
( <u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on o ida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number L 11000020864	Company were filed on02-17-2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designa	tion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADd	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office ac		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
_		Florida
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HOUDA SUE YOUNES	6500 TAYLOR OAKS	
		ALEXANDRIA, LA 71301	<b>■</b> Remove
			□ Change
			Add
			☐ Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
		<del></del>	□ Change
			Add
			Remove 27 Jange Jall ED 27 AH 12: Prove AT 12: SSEE FLORIDA
			Change

-		
	· · · · · · · · · · · · · · · · · · ·	
		d American
	<del></del>	
4 4	07 - 14 - 2017	
effective d	ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days:	
	date inserted in this block does not meet the applicable statutory filing requirements, ffective date on the Department of State's records.	, this date will not be listed as
	pecifies a delayed effective date, but not an effective time, at 12:0 day after the record is filed.	01 a.m. on the earlier o
5001	and the record is medi	
ed	JULY 14 2017	
		<b>17</b> ,
	Signature of a member or authorized representative of a member	- : <u>- : - : - : - : - : - : - : - : - :</u>
	9	27
	/	
	AMINA AYOUB  Typed or printed name of signer	
	AMINA AYOUB  Typed or printed name of signee	in the second

Page 3 of 3

Filing Fee: \$25.00