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FILING CANCELLED RETURNED CHECK

11 MAR II PM 1:32

T. HAMPTON MAR 14 2011 EXAMINER

## **COVER LETTER**

TO: Registration Sec Division of Corp							
SUBJECT: PE	VIEL PMT 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:							
	Luis Ramos						
	Peniel PMI LLC Firm/Company						
	500 brickell AVE Apt # 602						
	City/State and Zip Code  LUSBAMOS 17 QUANOS · COM  E-mail address: (to be used for future annual report notification)						
	E-mail address: (to be used for future annual report notification)						
For further information co	ncerning this matter, please call:						
Luis Rame of	Person at (305) 457 - 0151  Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:							
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 MAR | | PM |: 32

PENIFI	PMI	LLC		
(Name of the Limited Li (A F)	ability Company as it no orida Limited Liability Co	ow appears on our records.) ompany)		
The Articles of Organization for this Limited Liabs Florida document number <u>L 110000216</u>	ility Company were filed	ed on $\frac{2/21/2011}{2000}$ and assigned		
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability comp	pany here:		
The new name must be distinguishable and end with th	ne words "Limited Liabilit	ity Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
	<del>.</del>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		ress on our records, enter the name of the ne		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street 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 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 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	I = Managing Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
MG	R Luis E	2. Ramos	ADT# 602 MIAMI, Fl. 33131	Add Remove
MGR	M Virginia	Torres	11432 SW 18ct. Miramar, Fl. 33025	Add Remove
				Add Remove
		· · · · · · · · · · · · · · · · · · ·		Add Remove
				Add Remove
				Add Remove
D. If an	nending any other inform	ation, enter change(s	s) here: (Attach additional sheets, if necessary.)	
	Peniel PMi	HC 15 )	ust changing	<del></del>
			, MGRM to MGR	<u></u>
1	and chanco	ing Vivo	ama Torres from	<del>_</del>
	MGR to	MGRM	. All members are	
	the same	ust chai	raing titles. Thank	You= Ess
Dated	March 8	,201		MAR MAR
	Jul	) lamo	· Ving Jack	FILED ARY OF DF CORP
	Luis	gnate of a member of Ramos Typed or	authorized representative of a member  Vival Ma Torres  printed name of signee	PORATI
			Page 2 of 2	SNOI

Filing Fee: \$25.00