

**L11000029748**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H11000091277 3)))



H110000912773ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
P.E.N. II, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$30.00 |

RECEIVED  
11 APR -7 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA11 APR -7 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

J. BF

<https://efile.sunbiz.org/scripts/efilcovr.exe>

COVER LETTER

411000091277

TO: Registration Section  
Division of Corporations

SUBJECT: P.E.N. II, 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:

HAZEL

Name of Person

JOEL MARCUS, CPA

Firm/Company

676 WEST PROSPECT ROAD

Address

FT. LAUDERDALE, FL 33309

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAZEL

Name of Person

at ( 954 )

566-8535

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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

411000091277

11 APR  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

P.E.N. II, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/10/2011 and assign  
Florida document number 11000029748

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbr  
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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  
the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar &  
accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this docun  
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

H11000091277

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

| Title | Name            | Address  | Type of Action   |
|-------|-----------------|--|--|
| MGRM  | DONATO, JAMES   | 1280 SW 29TH AVENUE<br>POMPANO BEACH, FL 33069 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM  | LINDER, MICHAEL | 1280 SW 29TH AVENUE<br>POMPANO BEACH, FL 33069 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

11 APR - 7 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated

Signature of a member or authorized representative of a member

JAMES DONATO

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

H11000091277