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Division of Corporations



## Florida Department of State

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RE	FL SOS - LZ order # 502442564	

#### **COVER MESSAGE**

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CO I MAN AND A AMEN	
TO: Registration Section Division of Corporations	
SUBJECT: Pennflo IIc (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:	
Barbara Dang (Name of Person)	
Legalzoom.com, Inc. (Finn/Company)	
100 W. Broadway Suite 100 (Address)	
Glendale, CA 91210 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Barbara Dang at (323_)962-8600 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
S55.00 Filing Fee S0.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed)  S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: STREET/COURIER ADDRESS:	

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

Pennilo IIc	to Company or it now announces as an	M macarila
Pennflo llc (Name of the Limited Liablin (A Florida	Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability	Company were filed on 01/17/201	and assigned
Florida document number   12000007402		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
PENNELO FINANCIAL LLC  The new name must be distinguishable and end with the we  "L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Flo	rida street address)
		, Florida(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:	
hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a		

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 Changing Registered Agent, Signature of New Registered Agent)

	g Member being added or removed fro	om our records:	· · · · · · · · · · · · · · · · · · ·		
IGR = Manager IGRM = Managing Member					
<u>tle</u>	<u>Name</u>	Address	Type of Action		
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lf amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)			
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	Signature of a member Pedro J. Briceno	er or authorized representative of a member	<del></del> -		

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