L12000055979

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Essences Ellik) Hallie,
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

SUBJECT:		X HOLDINGS, LLC		
SUBJECT.		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Amy M. Kwiatkowski, Esc	J.		
		Name of Person		
	Dickinson Wright PLLC			
		Firm/Company		
	500 Woodward Avenue, Su	rite 4000		
	Address			
	Detroit, MI 48226			
		City/State and Zip Code		
	E-mail address: (t	o be used for future annual report notific	cation)	
For further information of	concerning this matter, please ca	11:		
Amy M. Kwiatkowski		313 223-3137		
Name e	of Person	at () Area Code Daytime	Telephone Number	
inclosed is a check for t	he following amount:			
3 \$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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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

PENTEX HOLDINGS, LLC

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number 1,12000055979	mpany were filed on April 25, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
		7 7 7
Enter new mailing address, if applicable:		77
Mailing address MAY BE A POST OFFICE BOX)		图 3
		120 F
		를급 이
 If amending the registered agent and/or register registered agent and/or the new registered office address 	red office address on our records, <u>c</u> ss here:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	City	Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany 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

Title .	<u>Name</u>	Address	Type of Action
MGRM	Pentex Advisors, LLC	3240 Flightline Dr.	
		Lakeland, FL 33811	■ Remove
			☐ Change
MGR Pentex Advisors, LLC	Pentex Advisors, LLC	1345 George Jenkins Blvd.	■ Add
		Lakeland, FL 33815	Remove
			☐ Change
			Add
			Remove
			Change
			- AM TI
			Change 5
			Add
			□ Remove
	•		☐ Change
			☐ Remove
			Change

	Management of the Company is vested in one or more Managers.
-	
•	
	E C
	T. F.
Effec	tive date, if other than the date of filing:
lt an e Note	tive date, if other than the date of filing:
docu	ment's effective date on the Department of State's records.
ne re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Th	e 90th day after the record is filed.
	Nov. and at 28
Date	November 28 2017
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00