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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PEN LAW 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:		
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ELEONORA TODARO Name of Person TET SET GROUP LLC		
JET SET GROUP LLC		
860 COUINS AVENUE UNIT 207		
MIAMI BEACH FL. 33139 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
ELEONORA TODANO at 305 798-3095 Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$} \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$} \text{Certified Copy} \\ \text{(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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEN LAV (Name of the Limited Liability Compar (A Florida Limited L	N LL C iv as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number L 12 000 66394	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability.	ility company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	860 COLLINS AVENUE UNIT 207 MIAMI BEACH FL. 33139
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	860 COLLING AVENUE UNIT 20 MIAMI BEACH FL. 33139
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent: New Registered Office Address: 860 4	DLLING AVENUE UNIT 207 Enter Florida street address
MIAMI	BEACH, Florida 33139 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 = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** NATALL A BLANCHI MGR VALTER MENCONI MGR 860 COLLINS AV # 207 ☐ Add ☐ Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated AUGU 87 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00