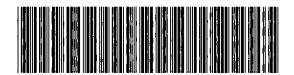
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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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B. BOSTICK
AUG 20 2012
EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ECT:	, PFU	EL 54, LLC		
201301		Name of Limi	ted Liability Company		
		Amendment and fee(s) are sub			
Please	return all corresp	ondence concerning this matter	to the following:		
			Charles E. Garris		
		,			
			Charles E. Garris PA Firm/Company		
		819	9 Beachland Boulevard		
			Address		
		V	ero Beach, FL 32963 City/State and Zip Code		
		di E-mail address: (ane@verotaxlaw.com to be used for future annual report notification)		12 A
For fur	ther information	concerning this matter, please c	all:		AUG 17
		arles E. Garris	at (772) 231-1995	[7]	
	Name (of Person	Area Code & Daytime Telephone N	umber (COS)	3: 55 3: 25
Enclos	ed is a check for	the following amount:		ŕ	
 ▼ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee tificate of St tified Copy ditional copy	atus &
, ⁷	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 lassee, FL 32314	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PFUEL	_ 54, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appea d Liability Company)	rs on our records.	
The Articles of Organization for this Limited Liability Compa	ny were filed on	08/02/2012	and assigned
Florida document numberL12000099709			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	<u>re</u> :	
	54, LLC		
The new name must be distinguishable and end with the words "L'L.L.C."	imited Liability Compa	any," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable:			
		¥ 4.1,	
<u>(Principal office address MUST BE A STREET ADDRESS)</u>			
		**	- 6 · · · · · · · · · · · · · · · · · ·
		G.	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		****	
	****	ا المسلم الم المسلم المسلم	ហ
			
B. If amending the registered agent and/or registered		our records, <u>enter th</u>	e name of the new
registered agent and/or the new registered office address h	iere:		
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addr	ess
		, 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 Changing Registered Agent, Signature of New Registered Agent

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

<u>itle</u>	<u>Name</u>	Address	Type of Action
<u></u>			
<u> </u>			D
			
			Remove
). If amend	ding any other information,	enter change(s) here: (Attach additional s	heets, if necessary.)
			2 AUG 17
	A	0040	3: 52
Pated	August 14		
	Signature	e of a member of authorized representative of a	member
		Charles E. Garris	

Page 2 of 2

Filing Fee: \$25.00