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COVER LETTER

Division of Cor	porations		
SUBJECT: Pen	Mada Holdings S	FL. L.L.C. ited Liability Company	
	Amendment and fee(s) are sub	<u>-</u>	
Please return all correspo	ndence concerning this matter	to the following:	
	^	A. Coken Name of Person	
	Penkada Hold	Firm/Company	······································
		State lul 7 Suite Zu Address	23
	Laudenhill M	· 33313 City(State and 7in Code	
	KCoKen 2456 C E-mail address: (t	Grail. Com to be used for future annual report notif	ication)
Sor further information of	oncerning this matter, please ca		
to tartier information e	oncerning this matter, piease ca		
Kaleel (Colles	- 140-	5505
Name of	Person	at (<u>954</u>) <u>410 -</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section

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

PENKADA HOLDINGS SFL L.	L.C.	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabi		or the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Chailing address MAY BE A POST OFFICE BOX)	<u> </u>	77.2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Flor	
	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 605, 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 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 Type of Action Name Address** Kaleel A Coken 2331 N. STATE RU 7 Suite 203 Laudenhill A. 33313 ☐ Change Kaymonisha Gken 2331 N. State RU7 Suite 203 MGKM LAUdenhill FL 33313 ☐ Change 2331 N. State Rd7 # 203 Elloeen F. Coken MGR LANdenhill Fl. 33313 □ Change ...2 _□ Add ☐ Change □ Add □ Remove ☐ Change

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(If an ef Note:	ive date, if other than the date of filing: 00 03 2016 (optional fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date that is effective date on the Department of State's records.	ng.) Pursuant to	605.020 listed a	7 (3 s th
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	i. on the ea	arlier c	f:
Dated	August 3, 2016			
	Signature of a member or authorized representative of a member		-	
	Kyle Coke2 Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00