## L12000/33276

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
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SECRETARY OF STATE

J. BRYAN

NOV 1 4 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	eni Penn Vint	age, LLC	
•	Name of Limit	ed-Liability Company	
			TALLAN 13 MR
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	m o jag
Please return all correspond	lence concerning this matter	to the following:	是一
	Brittany	Ankari Name of Person	
	Leni	Penn	
		Firm/Company	
	56450	oxal Ridge Dr. Sute	220
	ASSAKOKO	City/State and Zip Code	<u>.FL33</u> 076
	BritAnk	ari@gmail.com	
	E-mail address: (to	be used for future annual report notificati	on)
For further information con	cerning this matter, please ca	dl:	
Sylt Ank Name of P	ari erson	at ( <u>954) 818-1136</u> Area Code & Daytime Te	elephone Number
Enclosed is a check for the	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:** 

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**

ARTICLES OF A	AMENDMEN I
TO	
ARTICLES OF O	RGANIZATION 会经 📜 🖊
· · · · OI	
Name of the Limited Liability Companied L	RGANIZATION  Iv as it now appears on our records.)  iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000133276</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
Leni Penn, LLC	ney company nere
The new name must be distinguishable and end with the words "Limit "L.L.C."	
Enter new principal offices address, if applicable:	5645 Coral Ridge Drive Suite 220 Coral Springs, FC 33076
(Principal office address MUST BE A STREET ADDRESS)	Suite 220
	Coval Springs, FL 33076
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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:	
	Enter Florida street address
	. Florida
<del>- • · · · · · · · · · · · · · · · · · · </del>	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

MGR = Ma MGRM = N	= Manager M = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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emending any other info	rmation, enter change(s) here: (Attach additional sheet	s, if necessary.)
-	•	
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November	7 . 2012 .	-
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	gullauf Hyhooii	1
	Signature of a member or authorized representative of a mem	iber
<u></u>	Typed or printed name of signee	
	Page 3 of 3	TALLAHAS
	Filing Fee: \$25.00	- T
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