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SECRETARY OF STATE FAILLAHASSEE, FLORIDA

SECRETARY OF STATE STORE OF CORPORATIONS

15 JUN 10 AM 4:27

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R MARCH

COVER LETTER

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:					
DENNIS AMENDOLIA Name of Person					
PADWELL HOLDINGS, LLC					
15 W. TOWER CIRCLE					
ORMOWD BEACH, FL 32/74 City/State and Zip Code					
DENNIS O VALIANTED UIPMENT, COM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
DENNIS AMENDOLIA at (386) 677-93/6 Name of Person Area Code Daytime Telephone Number					

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

PADWELL HOLDINGS LLC

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

TO:

Registration Section Division of Corporations

> 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

(additional copy is enclosed)

\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PADWELL HOLDINGS LLC						
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
The Articles of Organization for this Limited Liability Company were filed on $\frac{08/33/3013}{3013}$ and assigned						
Florida document number <u>/ /3 000 / 20 24 7</u>						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabi	lity company here:					
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	15 W. TOWER CIRCLE					
(Principal office address MUST BE A STREET ADDRESS)	ORMOND BEACH, FL 32174					
Enter new mailing address, if applicable:	15 W. TOWER CIRCLE					
(Mailing address MAY BE A POST OFFICE BOX)	DRMOND BEACH, FL 32174					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new					
	US AMENDOLIA					
New Registered Office Address: 15ω ,	TOWER CIRCLE Enter Florida street address					
DRMON	OD BEACH, Florida 32/74 Zip Code					
New Registered Agent's Signature, if changing Registered Agent:	<u>_</u>					
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiate with and rovided for in Chapter 605, F.S. Of Withis accument is					

If Changing Registered Agent, Signature of New Registered

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	Name	Address	Type of Action
AMBR	DENNIS AMENDOLIA	15 W. TOWER CIRCLE DRMOND BEACH, FL	C Add
		32/74	✓ □ Remove
		.	☐ Change
			🗆 Add
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·····		 	🗆 Add
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(If an effe Note:	ve date, if other than the date of filing:	ing.) Pursua	ant to 60 ot be lis	- 05.0207 (3)(b sted as the
If the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.r 90th day after the record is filed.	n. on th	e ear	ier of:
Dated _	Signature of a member or authorized representative of a member	SECRET	15 JUN	SECRET DIVISION C
	DENNIS AMENDOLIA Typed or printed name of signee	ETARY OF STATE	10 AH 4: 2"	FILED FARY OF STAT OF CORPORATI
	Page 3 of 3	1.3	7	3N01

Filing Fee: \$25.00