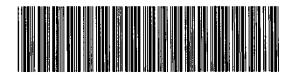
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JUL 3 0 2015 S. YOUNG

TO: Re Div	gistration Sec vision of Corp	ction porations	•		
CUBICA		E NICHOLE, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		•
		Seth D. Corneal, Esq.			
			Name of Person		•
		The Corneal Law Firm			
			Firm/Company		•
		179 King Street			73 5
			Address		
		St. Augustine, FL 32084			2 7
			City/State and Zip Code		JIL 29 PI
		E-mail address: (to be used for future annual report notifi	ication)	三 三
For further i	nformation co	oncerning this matter, please ca	all:		7 F 25
Seth D. Cor	meal		904 819-5333 at (
	Name of	Person	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)	Certified	te of Status &

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

PENELOPE NICHOLE, LLC			
(Name of the Lim	(A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited L Florida document number <u>L14000124889</u>	iability Company	were filed on August 8, 201	4 and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited lial	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	·*	78.42.4
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		986 Hyannis Port Dr.	ं के
(Mailing address MAY BE A POST OFFICE BOX)		Jacksonville, FL 32225	요점 📒 📆
B. If amending the registered agent and	1/or registered (office address on our reco	ords, enter the name of the ne
registered agent and/or the new registered of	office address he	Œ:	75 E 72
Name of New Registered Agent:	Rodriguez, Cr	ystal Ann	
New Registered Office Address:	986 Hyannis F	on Dr.	
		Enter Florido street ad	dress -
	Jacksonville	Circ.	Florida 32225
		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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
President	Huffman, Newton T.	964 N. Woodbridge Hollow Rd.	
		Jacksonville, FL 32218	■ Remove
			Change
COO	Rodriguez, Crystal Ann	986 Hyannis Port Dr.	Add
		Jacksonville, FL 32225	□ Remove
			☐ Change
MGR	Rodriguez, Crystal Ann	986 Hyannis Port Dr.	Add
`		Jacksonville, FL 32225	一切か 口 Remove
			D-Add C
			Remove
			Change
 		·····	Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if ne	cessary:)
	<u>, , , , , , , , , , , , , , , , , , , </u>
	
	<u> </u>
• ,	
E. Effective date, if other than the date of filing: (op (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aff	tional)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	his date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.	a.m. on the earlier of:
Dated July 1	JIL 29 P
Signature of a member or authorized representative of a member	The D
Crystal Ann Rodriguez	<u>9</u> 4.55
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00