# L1500004a305

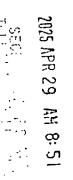
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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April 11, 2025

PEDRO MARTINEZ 16905 NW 53 PL MIAMI GARDENS, FL 33055

SUBJECT: PENY SERVICE AND REPAIRS LLC

Ref. Number: L15000042305

2025 APR 29 AM 8: 51

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

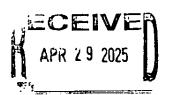
### PLEASE DATE THE LAST PAGE

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Frederica S McCloud Document Specialist

Letter Number: 425A00007799



## COVER LETTER

200		COVER LETTER			
TO: Registrat Division o	ion Section of Corporations				
SUBJECT: P	ny Service	and Bepairs	3 LLC		
The enclosed Article	es of Amendment and fee(s) at	re submitted for filing			
Please return all corr	espondence concerning this m	natter to the following:		7 2	
	Pedra	_		2025 APR 29	77
		110		AH 8: 5	
		Firm/Company		8: <b>5</b>	الانتان
	16905	NW 53 PI			
	Miami Logerpedu	Gardens FL City/State and Zip Code	33055		
For further information	E-mail address concerning this matter, please	: (to be used for fature Innual report no	otification)		
Da 1 . A	this matter, please	call:			
PCO YO Name o	Or tine?	at ( <u>365</u> ) 213 Area Code Daytin	8 - 8676  Telephone Number		
Enclosed is a check for th	e following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Copy (additional copy)	Status &	
Mailing Address:					

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

110

(Name of the Limited Liability)	Ond Mepaix. Company as it now appears on our mited Liability Company)	3 LLC
(A Fioriga La	miled Liability Company)	1
The Articles of Organization for this Limited Liability Con Florida document number <u>し15ゆゆり423ゆら</u>	npany were filed on <u>03</u>	9 2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited Peny Air	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-1 ~3
(Principal office address MUST BE A STREET ADDRES	(2.2)	025
- The space of the		. P
	•	· N green
Enter new mailing address, if applicable:		. 9
	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida strei	r address
		, Florida
	City	Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 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
AMBR	Younna T Guevara	16905 NW 53 PI	XAdd
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			□Change
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Effective date, if other If an effective date is listed, the Note: If the date inscribed document's effective date	ie date must be spec I in this block does	ific and cannot be pri- s not meet the appl	or to date of filing or t icable statutory fili	(option ore than 90 days after ng requirements, this	filling.) Pursuant to	605.0207 (c) listed as t
e record specifies a delayerd is filed.	ed effective date, b	out not an effective	time, at 12:01 a.m.	on the earlier of: (b	) The 90th day	after the
Dated April	21	202	<u>5</u> .			
Dated // //						

Filing Fee: \$25.00