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| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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NO 18 2015 J. HARRIS

COVER LETTER

| Division of Corp | | | |
|-----------------------------|---|--|--|
| SUBJECT: | PINWOOD ILLO | | |
| | | d Liability Company | |
| | | | |
| The enclosed Articles of A | Amendment and fee(s) are submi | tted for filing. | |
| Please return all correspon | ndence concerning this matter to | the following: | • |
| | | | |
| | YOLONDA | EDWARDS | · |
| | | Name of Person | |
| | NIA | | |
| | | Firm/Company | |
| | 5455 SW RE | INCHITO STIZEET | |
| | | Address | |
| | PALM CITY, F | 1 34990 | |
| | | City/State and Zip Code | |
| | YOLONDA87(a E-mail address: (to | be used for future annual report notificat | ion) |
| For further information co | ncerning this matter, please call: | | , |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| YOLONDA E | DWARDS | at (772) 341 - 6 Area Code Daytime Te | lephone Number |
| Name of | r CISOII | Area Code Dayume 10 | repriorie (varioci |
| Enclosed is a check for the | a following amount: | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & | ☐ \$55.00 Filing Fee & | □ \$60.00 Filing Fee, |
| 13 323.00 Filing FCC | Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |
| | | (additional copy is enclosed) | (additional copy is enclosed) |
| | | | |
| | | CT-100101010 | 4 D D D D G G |

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

| - PINU | 100D L | LC | | · · · · · · · · · · · · · · · · | |
|---|--|--|--|----------------------------------|------|
| (Name of the Limited Li (A Flo | nbility Company orida Limited Lie | as it now appears on o ability Company) | ur records.) | | |
| The Articles of Organization for this Limited Liability Florida document number L 15000 1366 | | vere filed on | /30/15 | and assigned | di |
| This amendment is submitted to amend the following | g: | | | | |
| A. If amending name, enter the new name of the | limited liabili | ty company here: | | | |
| The new name must be distinguishable and contain the words | | | | | |
| The new name must be distinguishable and contain the words | Limited Liability | y Company," the designa | tion "LLC" or the abbi | reviation "L.L.C." | |
| Enter new principal offices address, if applicable: | ; | 5455 SU | u RANCHI | to stre | ET |
| (Principal office address MUST BE A STREET AL | DDRESS) | TALM CIT 34990 | Y,FL | | |
| | | | | | |
| Enter new mailing address, if applicable: | | 5455 SW | KANCHITC | STREE | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | PALM CI | TY, FL | | |
| | | 34990 | · | | |
| registered agent and/or the new registered office a | ИА | | | | |
| New Registered Office Address: | NA | Enter Florida str | eet address | | |
| | | Line: 1 torium sir | | | |
| | | City | , Florida | Zip Code | |
| New Registered Agent's Signature, if changing Regist | tered Agent: | 3. , | | -F 0.00 | |
| I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan | ent and agree nd complete p nd agent as pr tered office a | erformance of my d ovided for in Chapt | uties, and I am fa er 605, F.S. Or, i | miliar with an f this documen | ed . |
| | ~ | la | | <u> </u> | |
| | If Chang | ing Registered Agent, S | ignature of New Reg | stered Agen | • |
| | Page 1 | of 3 | | 200 T | |

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 |
|--------------|---------------|-----------------------|----------------|
| MOR | WESTON LANDIS | 5455 SW RANCHITO STRE | ET_O Add |
| | | PALM CITY, FL | Remove |
| | | 34990 | Change |
| | | | D Add |
| | | | □ Remove |
| | | | Change |
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| Effective date, if other than the date of filing: If an effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occurrent's effective date on the Department of State's records. The effective date on the Department of State's records. The poth day after the record is filed. Dated AUCUST II , 2015 . Figurature of a member of authorized representative of a member The DWARDS Typed or printed name of signce | • | NI | 4 | | |
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