

L15000176702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000279393620

12/21/15--01022--018 \*\*25.00

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
2015 DEC 21 PM 1:49

DEC 21 2015  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GEM PENS LLC  
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:

Randy Fontenot, Sr  
Name of Person

GEM PENS LLC  
Firm/Company

340 Howard St.  
Address

Niceville, FL 32578  
City/State and Zip Code

randy fontenot@earthlink.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randy Fontenot at (904) 610-9690  
Name of Person Area Code Daytime Telephone 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**

GEM PENS, 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 10/16/2015 and assigned Florida document number L15000176702.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

340 Howard St.

Niceville, FL

32578

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

340 Howard St.

Niceville, FL

32578

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Randy Kenterot (as 100% mgc)

New Registered Office Address:

340 Howard St.

Enter Florida street address

Niceville

City

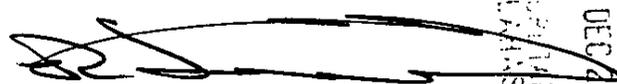
Florida

32578

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.

  
If Changing Registered Agent, Signature of New Registered Agent

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
NOV 16 2015  
PM 1:49

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Nicole Ocean	10 Silk Bay Dr. #121	<input type="checkbox"/> Add
		Santa Rosa Beach, FL 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 FEB 21 PM 4:49  
 SEAL STATE  
 TALLAHASSEE FLORIDA

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Mailing address changed to:  
6EM PENS LLC  
340 Howard St.  
Niceville, FL  
32578

**E. Effective date, if other than the date of filing: 11/27/2015 (optional)**

(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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 12/7/2015

  
Signature of a member or authorized representative of a member

Nicole Ocean / Randy Fox-Lewis  
Typed or printed name of signer

2015 DEC 21 PM 1:49  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA