

216000009174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

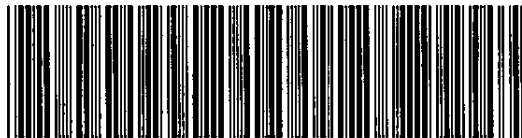
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300284363243

04/12/16--01039--028 \*\*60.00

FILED

10 APR 12 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/13/16 DS



April 11, 2016

Attn: Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

RE: Articles of Amendment for PCF Balfour, LLC  
Florida document number: L16000009174

FILED  
10 APR 12 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir/Madam:

Please find enclosed the Articles of Amendment for PCF Balfour, LLC, along with a check for \$60.00 (Filing fee, Cert of Status & Certified Copy). This is a time sensitive filing, therefore we kindly request that you return the file stamped Articles of Amendment, Certificate of Status, and certified copy using the enclosed prepaid, self-addressed return FedEx envelope. Should you have any questions, please contact me at: [sdavies@pensamcapital.com](mailto:sdavies@pensamcapital.com), or 786.539.4999. Thank you.

Regards,

A handwritten signature in black ink, appearing to read 'Susan Davies', written over a circular stamp.

Susan Davies  
Paralegal

enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PCF Balfour, 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:

Susan Davies  
Name of Person  
Pensam Capital  
Firm/Company  
777 Brickell Ave, Ste 1200  
Address  
Miami, Florida 33131  
City/State and Zip Code  
info@pensamcapital.com  
E-mail address: (to be used for future annual report notification)

FILED  
10 APR 12 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Susan Davies 786 539.4999  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                  |                                                                                                                                       |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Pensam Capital Funding, LLC	777 Brickell Ave, Ste 1200	<input type="checkbox"/> Add
		Miami, Florida 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pensam Logistics Partners 4, LLC	777 Brickell Ave, Ste 1200	<input checked="" type="checkbox"/> Add
		Miami, Florida 33131	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 10  
 PM  
 OCT 11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

3U APR 12 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 12 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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 April 11, 2016

Signature of a member or authorized representative of a member

Gavin Beekman, Authorized Signatory

Typed or printed name of signee