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COVER LETTER

	gistration Sectivision of Corp					
cub tecr.		PENI, L.L.C.				
SUBJECT:		Name of Limi	ited Liability Company			
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please retur	n all correspon	dence concerning this matter	to the following:			
		Ronald B. Lewis, Esq.				
•			Name of Person			
		Lewis & Thomas, LLP				
	Firm/Company					
		165 E. Palmetto Park Road	d, Second Floor			
			Address	<u> </u>		
		Boca Raton, FL 33432				
			City/State and Zip Code			
		ron@beltlawyers.com				
			to be used for future annual report n	otification)		
For further	information co	ncerning this matter, please ca	all:			
Ronald B.	Lewis, Esq.		561 368-7474 at ()			
	Name of	Person	Area Code Dayt	ime Telephone Number		
Enclosed is	a check for the	e 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:

TO:

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

PIZAZZ BY PENI, L.L.C.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 05/17/2016 and assig	gned
lorida document number 116000096952		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
PIZZAZZ BY PENI, L.L.C.		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.	C."
nter new principal offices address, if applicable:	12 753 (m)	
Principal office address MUST BE A STREET ADDRESS)	22 2	
•		
	STATE TLORID	ر
nter new mailing address, if applicable:	REF	
Mailing address MAY BE A POST OFFICE BOX)	P —	
	·	
If amending the registered agent and/or registered ogistered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of</u> <u>e</u> :	<u>f</u> the
Name of New Registered Agent:		
New Registered Office Address:		_
	Enter Florida street address	
	, Florida	
	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.

If Changing Registered Agent, Signature of New Registered Agent

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>	Type of Action
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reffective date is list	her than the date o ed, the date must be spec erted in this block doe date on the Departme	cific and cannot be press not meet the app	rior to date of filing or r blicable statutory filin	nore than 90 days a	otional) fter filing.) Pursu his date will n	uant to 605.02 ot be listed a	07 (3)(b) as the
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