

L16000137660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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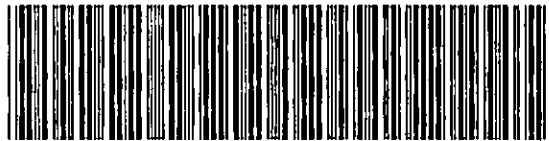
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JAN 15 AM 11:29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PECAN 72, 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:

Robert K. Riley
Name of Person

Firm/Company

2335 The Woods Dr E.
Address

Jax, FL 32246
City/State and Zip Code

cedarleaf@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Riley at (904) 716-9874
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

PELAN72, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on July 15, 2014 and assigned
Florida document number L16000137660

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2335 The Woods Dr. E.
Jax, FL 32246

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same

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:

Robert K. Riley

New Registered Office Address:

2335 The Woods Drive E.

Enter Florida street address

Jacksonville, Florida 32246

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.

Robert K. Riley
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> | <u>Type of Action</u> |
|--------------|-------------------------|-------------------------------|--|
| <u>R.A.</u> | <u>Nancy Montgomery</u> | <u>13846 Atlantic Blvd.</u> | <input type="checkbox"/> Add |
| | | <u># 109</u> | <input checked="" type="checkbox"/> Remove |
| | | <u>Jacksonville, FL 32225</u> | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>R.A.</u> | <u>Robert K. Riley</u> | <u>2335 The Woods Dr. E.</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Jax., FL 32246</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>AMBR</u> | <u>Leah Riley</u> | <u>2335 The Woods Dr. E.</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Jax., FL 32246</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

08 JAN 19 AM 11:29

18 JAN 19 AM 11:29

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Effective date, if other than the date of filing: 1-1-2018 (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.

Dated _____

Signature of a member or authorized representative of a member

Robert K. Riley
Typed or printed name of signer