## 1600202346

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NOV 1 8 2016 S. YOUNG TALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Con				
SUBJECT: PUN	Mu Partners 1	1.0		
SUBJECT: 1 UV		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspond	ondence concerning this matter	r to the following:		
	<u>Francis</u>	Name of Person		
	pen nue	Partners LLC	· ·	
		Firm/Company		
	gol N orange	AVE #510 Orlando, FL	32801	
		Address		15
		0. 10		16 HOV 17 PH 3: 03
	foreardon	City/State and Zip Code DJOHN SUN AND COMPAN	, net	7
	E-mail address: (	to be used for future annual report notif	ication)	2
For further information co	oncerning this matter, please c	all:		ပ္ပ
Francis 1	o'Reardon	at(407,843-1	120	သ
Name of			Telephone Number	
Enclosed is a check for th	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)	
MARTI	NG ADDRESS:	PED PETICAL DA	SB ADDDDAG	
/ Registra	ation Section	STREET/COURING Registration Section Division of Corpora	1	
P.O. Bo	x 6327	Clifton Building		
ranana:	ssee, FL 32314	2661 Executive Cer Tallahassee, FL 323		

SEURETARY OF STATE
FALL AHASSEE, FLORE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pen ave vartners	LC		
(Name of the Limited Liability (A Florida L	Company as it now appears on ou imited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L16000202346</u>	mpany were filed on	3   W and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		152
		16 NOV	- - - - - - - - - - - - - - - - - - -
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			i.c
		<del>-</del> <del>;</del>	100
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our i ss here:	records, enter the name of the new	vē.
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	a address	
<u></u>		, 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 **Title** <u>Address</u> Type of Action Name MUZ McNulty Charles 2319 lynx lane #6 \_□ Add Mando, fc 32804 Remove ☐ Change 801 Novange AL# 510 MBR J. B. Coxwell Contracting, Inc. Add Add Orlando, Pl 32801 □ Remove □ Change □ Add ☐ Remove— □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add □ Remove □ Change

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(If an effec <u>Note:</u> If	c date, if other than the date of filing:	5.0207 (3 ted as th	3)(b) ne
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl oth day after the record is filed.	ier of:	
Dated	Navember 15, 20/6		
	Trong . Vlento		
	Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00