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(R	equestor's Name)
(A	ddress)
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(C	ity/State/Zip/Phone #)
PICK-UP	
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations

### PEINTERNATIONAL COMPANY LLC

SUBJECT:

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:

SERGIO LINARTE

Name of Person

SEC GROUP

Firm Company

11350 SW 51 STREET

Address

- MIAMI FL 33165

City/State and Zip Code

MYBUSINESSCARLI@GMAIL.COM

at (

E-mail address: (to be used for future annual report notification)

305

For further information concerning this matter, please call:

CARLOS GUILLEN

Name of Person

(\_\_\_\_\_) \_\_\_\_ Area Code

748-3075

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:

Daytime Telephone Number

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

PE INTERNATIONAL COMPANY	LLC	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number L17000115386		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

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:		
New Registered Office Address:		Ju
	Enter Florida street address	6 A
	, Florida	<u></u>
	Cip	- Zip Code
New Registered Agent's Signature, if changing Registered Agent:		7:32

I hereby accept the appointment as registered agent and agree to act in this capacity. I further ugree 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

### MGR = Manager AMBR = Authorized Member

-

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PENARANDA ARAMAYO, JOSF		🗆 Add
		16711 COLLINS AVENUE APT 6	🖬 Remove
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fectiv	e date, if other than the date of filing:	(optional)
an effe	tive date is listed, the date must be specific and cannot be prior to date of filing or more than If the date inserted in this block does not meet the applicable statutory filing requir	90 days after filing.) Pursuant to 605,020
	it's effective date on the Department of State's records.	rements, uns date win not de fisico a.
	ord specifies a delayed effective date, but not an effective time, a	at 12:01 a.m. on the earlier o
The	90th day after the record is filed.	
	JUNE. 28TH 2012	
ated _		
	(fringer)	

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CARLOS A GUILLEN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00