L170018253S

(Req	uestor's Name)	
(AbdA)	lress)	
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(City	/State/Zip/Phone	= #)
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D. SCOTT JAN 3 0 2518



January 16, 2018

PENNYLINX LLC ANTON SENJOR 5130 NW 85TH AVE. LAUDERHILL, FL 33351

SUBJECT: PENNYLINX LLC Ref. Number: L17000182535

We have received your document for PENNYLINX LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

2018 JAN 29 P 12: 3

Letter Number: 118A00000916

COVER LETTER

TO:	Registration Sec Division of Corp				
		DENNYI	INIV //C		
SUBJE	CT:	Name of Limi	ted Liability Company		
The en	closed Articles of A	Amendment and fee(s) are subr	mitted for filing.		
Please	return all correspon	ndence concerning this matter t	to the following:		
		ANTON	SEN JOR Name of Person		
			Name of Person		
		PENNYLI	N X CCC Firm/Company		
		5(30 NW	VS AUE		
			City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code To be used for future annual report notificall: at (757) 309 Area Code Daytime	cation)	TITI
For fu	rther information co	oncerning this matter, please ca	all:		11
	40701	264206	at (757) 309	2618 5 S	<u> </u>
	Name of	Person	Wea Code Daytime	Telephone Number 25	
Enclo:	sed is a check for th	e following amount:			
gd sa	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ So0.00 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

(Name of the Limited Liability Compan (A Florida Limited Lia	Y as it now appears on our records.)	_
The Articles of Organization for this Limited Liability Company v	were filed on $\frac{\sqrt{25}}{17}$ an	d assigned
Florida document number 17000182535	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
_		<u> </u>
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	_	3
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	52.	2
		2
B. If amending the registered agent and/or registered of	fice address on our records, enter the n	ame of the new
registered agent and/or the new registered office address here	<u>e:</u>	بب س
		د
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida City Zip	Code
and the second s	City	
New Registered Agent's Signature, if changing Registered Agent:		to a state also
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familia provided for in Chapter 605, F.S. Or. if this	ar wun ana 8 document is

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>	Name	Address	Type of Action
MGF	Kerry ANN FLASER	SIBO NU YSAVE LA	MO e c Hu <u>r</u> □ Add
		FL 33751	Remove
			Change
			Add
			☐ Remove
			☐ Change
			Remove
			Change
			Remove
			Change
			NDI Add
			Remove D-Change
			□-Change
			Remove
			Change

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	70 2
	75. 2
ective date, if other than the date of filing:	(optional)를
effective date is listed, the date must be specific and cannot be prior to date of filing or more that e: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	an 90 days after filing.) Pursuant to 605.020 airements, this date will not be listed a
record specifies a delayed effective date, but not an effective time, he 90th day after the record is filed.	at 12:01 a.m. on the earlier of
ed 1/25/17 Signature of a member or authorized representative of a r	
Signature of a member or authorized representative of a r	nember
ANTON SENIOR Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00