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COVER LETTER

TO: Registration Division of	n Section Corporations	·	
PNLS SUBJECT:	INVESTMENT, LLC		
	Name of Lin	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	emitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	NICTIOLE MORALES		
		Name of Person	
	MORALES AND ASSOC	TATES, P.A.	
	-	Firm/Company	
	5149 CENTRAL AVENU	PE	
		Address	
	ST PETERSBURG, FL 33	3710	
		City/State and Zip Code	
	NICHOLE@MAACPAS.C		
	E-mail address: (to be used for future annual report noti	fication)
For further informati	on concerning this matter, please c	all:	
NICHOLE MORAL		727 344-9220 at ()	
Na	me of Person	Area Code Daytim	e Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	e □ \$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, F1, 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

PNLS INVESTMENT, LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/07/2017 _____ and assigned Florida document number 1.17000230762 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 "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: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida __

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>	Address	Type of Action
AMBR	ADAM P.J. GREGORY	5225 17TH ST N	
		ST PETERSBURG, FL 33717	Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			☐ Change
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If an effect Note: 1	ve date, if other than the date of filing: (optional) retive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	i.0201 ed as
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er o
	12/5/17	
Dated _		
	Signature of sunember or authorized representative of a member	
	Noel Gregory	

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Filing Fee: \$25.00