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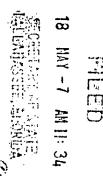
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COVER LETTER

Division of Co			
Pensar LE SUBJECT:	D Walls, LLC		
	Name of Limited	d Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	f Amendment and fee(s) are submi	tted for filling.	
Please return all corresp	ondence concerning this maner to	the following:	
	Glenn Goldberg		
		Name of Person	·
	Goldberg Law Group, PA		
		Firm/Company	
	216 Mirror Lake Drive N		
		Address	
	St. Petersburg, FL 33701		
		City/State and Zip Code	
	pam@goldberglaw.us	oe used for future annual repor	t notification)
For further information of	concerning this matter, please call:		(iounicalion)
Pamela Konover		727 898-520	
Name o	of Person	Area Code Di	aytime Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

PENSAR LED WALLS, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records imited Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability Con	mpany were filed on 1/3/2018	and assigned
Florida document number L18000002475	e.	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
PENSAR LED, LLC		
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	(SS)	
Inter new mailing address, if applicable:		34
Mailing address MAY BE A POST OFFICE BOX)		120
. If amending the registered agent and/or registered agent and/or the new registered office addre		, enter the name of the t
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City	Zir 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Change
			□ Add
			Remove
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ective date, if other than I	he date of filing	g:	date of filing or m	ore than 90 days at	tional) fer filing.) Pursuant to 605	.020
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Filing Fee: \$25.00