## L180000 40554

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## **COVER LETTER**

TO: Registration Sec Division of Cor				
SUBJECT:	PNG	Investments	LLC	
30000ET.		nited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Sanet	ta Guytori		
		Name of Person		
		Firm/Company		
	17431 Nn	142 Ave		
	Miami G	City/State and Zip Code	3055	2021 FEB
	SANE	ettas egman.c	0/7(	
	E-mail address; (	(to be used for future annual report noti	fication)	-p ] 4
For further information co	oncerning this matter, please c	rall:	∄·∧, 	Pi: 3: 09
Sanerta E	Juyton	at ( <u>786</u> ) <u>377-</u> Area Code Daytim	2772	- -
Name of	'Person <sup>*</sup>	Area Code Daytim	e 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)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & Dy
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Sec	ction	
Division of Co		Division of Cor		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	Stments, LLC
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L 1800004058</u> 4	pany were filed on 24418 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	SANE Media, LLC
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	
	(57)
	22
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	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 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
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				_ □Remove
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cord specifies a delayed effective date, s filed.	but not an	effective ti	me, at 12:0	La.m. on the	earlier of	(b) 1	The 90th	i day after t
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