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4.1 (15 11	Penhome,	LLC		
SUBJI	CI:	Name of Lin	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Kramer A. Litvak		
			Name of Person	
		Litvak Beasley Wilson &	Ball, LLP	
			Firm/Company	
		226 E. Government Street		
			Address	
		Pensacola, FL 32502		
			City/State and Zip Code	
		robertblastow@gmail.com	to be used for future annual report notif	ication)
For fur	ther information o	concerning this matter, please c	•	icanony
			850 432-9818 at ()	
	Name (of Person		: Telephone Number
Enclose	ed is a check for t	he following amount:		
■ \$23	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate 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

Penhome, LLC			
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number $\frac{1.18000142342}{1.18000142342}$	and assigned		
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the li	imited liability company here:		
The new name must be distinguishable and contain the words "I	.imited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:		ove W	
(Principal office address MUST BE A STREET AD		E 59	
		2 FB -	
		Capaca And	
Enter new mailing address, if applicable:		<u>φ</u>	
(Mailing address MAY BE A POST OFFICE BOX)	-	— 2 2,	
B. If amending the registered agent and/or registered agent and/or the new registered office and Name of New Registered Agent: New Registered Office Address:	gistered office address on our records, <u>enter</u> ddress here: Enter Florida street address	the name of the n	
	. Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registe	ered Agent:		
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete performance of my duties, and I am j l agent as provided for in Chapter 605, F.S. Or, ered office address, I hereby confirm that the lit	familiar with and if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	Thomas Carl Vignolo	3355 Timerlane Drive	⊟ Add
		Pensacola, F1, 32503	□ Remove
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			Add
			☐ Remove
			Change
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ffect	tive date, if other than t	ne date of filing:			(option	all	
an ef	Tective date is listed, the date n If the date inserted in this	nist be specific and ca	annot be prior to	date of filing or more	than 90 days after fil	ing.) Pursuant to	605.0201 ligned as
	nent's effective date on the			e municip ming i	equite incine.		
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	cord specifies a delay e 90th day after the re		te, but not a	in effective tin	ie, at 12:01 a.r	n. on the ea	riier o
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ated	6/18		2018	•			
	QUI	B. Bl.	faul				
			1	ed representative of			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00