## L19000 118 022

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## **COVER LETTER**

	gistration Se vision of Cor					
SUBJECT:		erprises LLC				
SOBJECT.			ited Liability Company			
		Amendment and fee(s) are sub-	· ·			
Please retur	n all correspo	Steven S Thomas	to the following:			
		Pensco Enterprises LLC	Name of Person			
		2441 Wallace Lake Road	Firm Company			
		Address Pace, Fl. 32571				
	notification)					
For further	information c	oncerning this matter, please ca	to be used for future annual report rall:	(Militation)		
Steven S Thomas			850 516-3313			
	Name o	f Person	Area Code Day	time Telephone Number		
Enclosed is	a check for th	he following amount:				
<b>■</b> \$25.00	Filing Fee	☐ \$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)		
		ING ADDRESS:	STREET/COU Registration Se	JRIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ..... **OF**



Pensco Enterprises LLC

2019 K117 - 2 AH 11: 13

(Name of the Limited Liability Comps (A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L19000118022}{L19000118022}$	were filed on 5/1/2019	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the al	obreviation "L.L.C."	
Enter new principal offices address, if applicable:	9141 Irongate Blvd		
(Principal office address MUST BE A STREET ADDRESS)	Milton, FL 32570		
Enter new mailing address, if applicable:	9141 Irongate Blvd		
(Mailing address MAY BE A POST OFFICE BOX)	Milton, FL 32570		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the nev	
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being 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 provided for in Chapter 605, F.S. Or,	familiar with and if this 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Leroy A Bodiford	924 Brookshills Cantonment, FL 32533	<b>=</b> Add
			□ Remove
			☐ Change
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		<del></del>	Add
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			☐ Change

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(If an e <u>Note:</u>	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	uly 30

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00