## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : OLIVE JUDD, P.A.
Account Number : 120200000171
Phone : (954)334-2250
Fax Number : (888)503-5258

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PNKN HOLDINGS, LLC

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### **COVER LETTER**

TO: Registration Sec Division of Corp			
	DINGS, LLC	·	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Nicole M. Villarroel, Esq.		
	<del>-</del>	Name of Person	
	Olive Judd, P.A.		26
	<del> </del>	Firm/Company	2021 AUG 3 I
	2426 E. Las Olas Blvd		UG :
		Address	
	Fort Lauderdale, FL 3330	1	21 AUG 31 AM 10: 17
		City/State and Zip Code	
	nvillarroel@olivejudd.com		
		to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please c	all:	
Nicole M. Villarroel, Esq.	•	954 334-2250 at ( )	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
■ \$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 enclused)
Mailing Address Registration Se		Street Address: Registration Sec	tion
Division of Co	orporations	Division of Corp	orations
P.O. Box 6327 Tallahassee, F.		The Centre of Ta 2415 N. Monroe	illahassee Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PNKN HOLDINGS, LLC		
(Name of the Limited Liab	ility Company as it now appears on ida Limited Liability Company)	our records.)
(A rion	ida Limited Liability Company)	<b>2</b>
The Autoba of Commission for Abba Classical Circuits	C	and assigned of Control of Contro
The Articles of Organization for this Limited Liability	Company were filed on	and assence in
Florida document number L20000354934		ω FA
		- 500
This amendment is submitted to amend the following:		<b>=</b> 67
4. If an anding name autom the name as the life	mitad liability sampany have	CORFORATIONS  A 10: 17
A. If amending name, enter the new name of the li	inted hability company here.	
PNJN HOLDINGS, LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
B. If amending the registered agent and/or register		ds, enter the name of the new registered
agent and/or the new registered office address here	:	
Name of New Registered Agent:		
. datho VI I to I to State of I I South		
New Registered Office Address:		
-	Enter Florida s	treet 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 Changing Registered Agent, Signature of New Registered Agent

Page: 5 of 6

MGR = Manager

To: 8506176383@rctax.com Fax: (850) 617-6383 (((H21000326863 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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Effective date, if other the fan effective date is listed, the control of the faction of the fac	late must be specifi	ic and cannot be p	rior to date of filin	g or more than 90 da	(optional) lys after filing.) Pursu	ant to 605.020°
Note: If the date inserted in document's effective date or				y filing requireme	nts, this date will n	ot be listed as
e record specifies a delayed or rd is filed.	effective date, bu	t not an effectiv	e time, at 12:01	a.m. on the earlie	r of: (b) The 90th	day after the
Dated		2021				
- ····		Parwel	<del></del> •			

Filing Fee: \$25.00

Typed or printed name of signee