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PICK-UP WAIT MAIL
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## COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corpo	rations		
SUBJECT: Per	any Lane Realing Name of Limit	Group LLC ed Hiability Company	<u> </u>
The enclosed Articles of A	· nendment and fee(s) are subn	nitted for filing.	
	dence concerning this matter to		
riense return an correspone	the concerning and matter of	o inc rono mig.	
	Ch	Name of Person	
	Penny Lo	une Reality Group Firm/Company	LLC
	18109 k	Tava Ct. Address	<del></del>
	Tampa Fl	City/State and Zip Code	<del></del>
	E-mail address: (to	o housed for future annual report noti	fication)
For further information cor	cerning this matter, please ca	11:	
Charles Name of t	Brown Person		e Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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)
<u>Mailing Address:</u> Registration Se		<u>Street Address:</u> Registration Se	ction
Division of Co	rporations	Division of Cor	porations
P.O. Box 6327		The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Penny Lane Reality	Group LLC
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 200 00 3 89 7 33</u> .	y were filed on December 16, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia  Penny Lane Rea  The new name must be distinguishable and contain the words "Limited Liab	the france LIC.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	FILED 91 34
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Desistand Agents Signature if shanging Degistered Agen	••

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>	<u>Address</u>	Type of Action
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