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Office Use Only



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COVER LETTER

TO:

TO: Registration Se Division of Cor			1		
	AKELAND LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter				
	Kyle H. Jensen				
		•			
	Clark, Campbell, Lancaste	r & Munson, P.A.		~;	
		Firm/Company		2021 45 8	
	500 South Florida Ave., St	uite 800		20	
		Address			•
	Lakeland, Florida 33801				•
		City/State and Zip Code		- : 11 7	
	khjensen@cclmlaw.com		 		
Car further information o	E-mail address: (concerning this matter, please c	to be used for future annual report notif	ication)		
	oncerning this matter, piease c				
Kyle H. Jensen		863 647-5337 at ()	: Telephone Number		
Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Addres Registration 9		<u>Street Address:</u> Registration Sec	tion		
Division of C	Corporations	Division of Corp	porations		
P.O. Box 632		The Centre of Ta		10	
Tallahassee,	FL 32314	2415 N. Monroe	, succi, suite o	IV	

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TJ'S TO LAKELAND LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 5, 2021 and assigned Florida document number L21000106771 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PentaVeritas, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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 added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
		-	□ Add
			□Remove
			□Change
			⊕Change.
			2.
			□Add
			□Remove
			□Change
			□Add
		·	Remove
			□ Change
			□Add
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			□Change

 	
<u>. </u>	: :
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<u> </u>	
(option	nal)
g requirements, this o	date will not be list
on the earlier of: (b)	The 90th day afte
of a member	

Filing Fee: \$25.00