## L21000196714

(Reque	stor's Name)
(Åddre	ss)
(Addre	ss)
(City/Si	tate/Zip/Phone #)
PICK-UP	WAIT MAIL
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(Docum	nent Number)
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SECRETARY ALLAHASSEE, FLORE

## **COVER LETTER**

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

TO:

Pennington Services, LLC SUBJECT: \_ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gina C De la Hoz De las Salas Name of Person Pennington Services, LLC Firm/Company 653 W 23rd St PMB 233 Address Panama City, FL 32405 City/State and Zip Code info@penningtonsllc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gina C. de la Hoz De las Salas 236-3527 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & **\$60.00** Filing Fee, ☐ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## 

Pennington Services, 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 I	Liability Company wer	e filed on <u>04/28/2021</u>	and assigned
Florida document number L21000196714	<del></del> ·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability C	ompany," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		<del></del>
(Principal office address MUST BE A STREI	ET ADDRESS)		
	_		
Enter new mailing address, if applicable:		· - · ·	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
	-	<del> </del>	
B. If amending the registered agent and/or	registered office addr	ess on our records, enter th	e name of the new registered
agent and/or the new registered office addre			
	Cina C Dalla Han D	n. I., C	
Name of New Registered Agent:	Gina C De la Hoz D	e ias Saias	<del></del>
New Registered Office Address:	653 W 23rd St PME		
		Enter Florida street address	
	Panama City	, Flor	ida <u>32405</u>
		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

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
MBR	Ernesto C De la Hoz De las Salas	401 NE Ave Num 309	
		Hallandale Beach FL 33009	=Remove
			□Change
MBR	Gina C De la Hoz de las Salas	5301 Millie Court	🗆 Add
		Panama City FL 32404	■Remove
			□Change
MBR Andres F Villamizar Molina	Andres F Villamizar Molina	5301 Millie Court	
		Panama City FL 32404	=Remove
			□Change
AMBR	Gina C de la Hoz De las Salas	5301 Millie Court	
		Panama City FL 32404	Remove
			Change
AMBR	Andres F Villamizar Molina	5301 Millie Court	
		Panama City FL 32404	Remove
			Change
	<del></del>		□Add
			□Remove
			Change

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ective date, if ot	ner than the date of fil	lino:		(option	al)
n effective date is list	ed, the date must be specific rted in this block does no	and cannot be prior		re than 90 days after fil	ing.) Pursuant to 605.0.
	date on the Department of			requirements, this di	ate will not be usted
ecord specifies a de is filed.	layed effective date, but	not an effective til	me, at 12:01 a.m. o.	n the earlier of: (b)	The 90th day after the
is med.					
June 6		2023	•		
<del></del>			_ ,		
			/ //		

Filing Fee: \$25.00