

L21000196719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

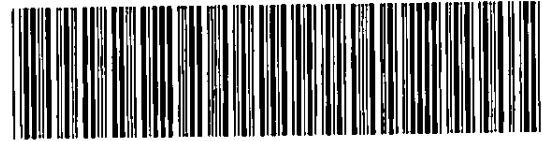
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



200433249852

07/26/24--01002--026 **30.00

2024 JUL 26 AM 9:17
STATE
TALLAHASSEE, FL

RECEIVED
2024 JUL 26 PM 2:17
TALLAHASSEE, FLORIDA

CLERK

07/26/24

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: PENNINGTON SERVICES, LLC

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:

ANDRES F VILLAMIZAR MOLINA

Name of Person

PENNINGTON SERVICES, LLC

Firm/Company

11954 NARCOOSEE ROAD STE 2 - 419

Address

ORLANDO FLORIDA 32832

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:

ANDRES F VILLAMIZAR MOLINA

754 236-3527
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
TALLAHASSEE, FL
JUL 25 AM 9:17

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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 Liability Company were filed on 04/28/2021 and assigned
Florida document number L21000196714.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11954 NARCOOSEE ROAD

STE 2 - 419

ORLANDO FLORIDA 32832

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11954 NARCOOSEE ROAD

STE 2 - 419

ORLANDO FLORIDA 32832

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:

ANDRES F VILLAMIZAR MOLINA

New Registered Office Address:

11954 NARCOOSEE ROAD STE 2 - 419

Enter Florida street address

ORLANDO


City

Florida 32832

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	GINA C DE LA HOZ	7207 SANDHILL CRANE WAY	<input type="checkbox"/> Add
		ST CLOUD FL 34773	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ANDRES F VILLAMIZAR	7207 SANDHILL CRANE WAY	<input type="checkbox"/> Add
		ST CLOUD FL 34773	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF FLORIDA
HASSLER, FL

STATE OF FLORIDA
JAN 10 1966
AM 9:18
HAS SEE, FL

07/11/2024

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 11 2024

ANDRES F VILLAMIZAR MOLINA

Typed or printed name of signee