Florida Department of State Division of Comparations lectionic Billing Covers

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To:

Division of Corporations

1

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 PENBROOKE CAPITAL LLC

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Help

OCT 27 2022 K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PENBROOKE CAPITAL LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A riotida Lii	miled Elaterity Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on 11/09/2021	and assigned
Florida document number L21000480309		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d 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 ADDRES	<u></u>	<u> </u>
		26 26
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here: Name of New Registered Agent:	ffice address on our records, enter the m	ame of the new registered
New Registered Office Address:		
	Enter Florida street address	
		Zip Code
	~ <i>*</i>	Zip Code
New Registered Agent's Signature, if changing Registered A		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agentieng filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performance of my duties, and I a nt as provided for in Chapter 605, F.S. (m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	TOPEL, NICHOLAS	PO Box 11628	□Add
		Miami, FL 33101	□Remove
			X iChange
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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			□Add
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Affective date, if other an effective date is listed. Note: If the date inserted to the date inserted date in the	, the date must be speci ed in this block does	s not meet the appli	icable statutory filin	option (option or than 90 days after og requirements, this	filing.) Pursuant to 605.	.0207 ed as
record specifies a dela t is filed.	yed effective date, b	out not an effective	time, at 12:01 a.m.	on the earlier of: (b) The 90th day after	r the
Dated 10/26		2022				
		,				
Kil	uy Tan	<u> </u>	horized representative	of a mambar		
) Signatur	e or a member of aut	попідец тергезевіанує	. or a member		

Filing Fee: \$25.00