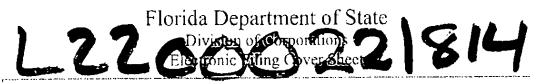
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Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

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Email	Address:					
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEN, LLC.

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu Corporate Filing Menu

Help

\* Page: 3 of 5

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEN, LLC.			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.22000221814	were filed on 05/11/2022	and assig	ned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	reviation "L.L.	C."
Enter new principal offices address, if applicable:		<del></del>	<del></del>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY RE A POST OFFICE BOX)			
	1	at the new	maraice amad
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	2022	registered
			•
Name of New Registered Agent:		$\frac{\overline{z}}{\omega}$	<del>-</del>
New Registered Office Address:			产さら <del>声音</del> ら
	Enter Florida street address	AM	ਛਾ`≾
	, Florida		
	City	Zip Code N	

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

Title	<u>Name</u>	Address	Type of Action
MGR	NESTOR G. LOPEZ	711 E. Okcechobes Road, Hialeah, Fl. 33010	DAdd
			Remove
			[]Change
			□Remove
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			Clunge

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