L22000395903

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SECRETARY OF STATE

COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: PENNY GIRL, 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:
Vondolyn A. Harrell Name of Person
PENNY GIRLILLC Firm/Company
103 57 S.W. 175 TH ST
Miami, FL 33157 City/State and Zip Code
Pennygir 1 21. 5Lop @gmqi/. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vondolyn A. Harrell at (786) 734-9325 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address: Registration Section Street Address: Registration Section
Division of Cornerations Division of Cornerations

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PENNY GIRL,	LC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22000395903</u> .	were filed on <u>09 – 09 – 202</u>	2_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabile Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida	FILED 22 OCT 12 AM 8: 46 ECRETARY OF STATE TALLAHASSEE, FL
	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 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
MGR	Vondolyn A. Harrell	10357 S.W. 175 TH ST	<u></u> ₩Add
		10357 S.W. 175 TH ST Miami, FL 33157	□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change

(If an e	ctive date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	d October 6, 2022.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Vondolyn A. Harrell Typed or printed name of signee