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COVER LETTER

	Registration Sec Division of Corp	
SUBJECT	Pendarvis L	.l.C
onsie (Name of Limited Liability Company
The enclos	sed Articles of A	Amendment and fee(s) are submitted for filing.
Please retu	urn all correspor	indence concerning this matter to the following:
		John Yudin
		Name of Person
		Guy Yudin & Foster, LLP
		Firm/Company
		55 SE Ocean Blvd
		Address
		Stuart, FL 34994
		City/State and Zip Code
		johnyudin@guyyudinlaw.com E-mail address: (to be used for future annual report notification)
r 6 .1		
ror further	r information co	oncerning this matter, please call:
John Yud	in	772 286-7372 at ()
	Name of	
Enclosed i	is a check for th	ne following amount:
\$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pendarvis, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our rec imited Liability Company)	eords.)
The Articles of Organization for this Limited Liability Corforida document number <u>L24000227430</u>	mpany were filed on $\frac{5/16/24}{}$	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limite	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u>S.S)</u>	
		20
		PACE TO THE PACE T
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		20
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		- <u> </u>
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>en</u>	ter the name of the new regist
Name of New Registered Agent:		
Name of New Registered Argent.		
New Registered Office Address:	F., 71 11	
	Enter Florida street ad	aress
		Florida
	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	Steven Kiss	133000 NW Maplewood Rd.	
		Palm City, FI 34990	≣Remove
			Change
Mgr	Tom Dechiaro	1515 Lancewood Terr	= Add
		Palm City, Fl 34990	Remove
			🗀 Change
			
			□Remove
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	t be specific and cannot ock does not meet the	he applicable sta			
ne record specifies a delayed effective ord is filed.	e date, but not an ef	fective time, at	12:01 a.m. on the ear	lier of: (b) The 90th	day after the
Dated June 7		24			
W. 11	1		epresentative of a mem		
27 f A 12					
/101 41	Signature of a member	er or authorized re	presentative of a mem	ber	