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| (Ro                                     | equestor's Name)       |  |  |  |
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| (Ad                                     | ddress)                |  |  |  |
| (A                                      | ddress)                |  |  |  |
| (C                                      | ity/State/Zip/Phone #) |  |  |  |
| PICK-UP                                 | ☐ WAIT ☐ MAIL          |  |  |  |
| (B                                      | usiness Entity Name)   |  |  |  |
| (Document Number)                       |                        |  |  |  |
| Certified Copies                        | Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |                        |  |  |  |
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Office Use Only



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Y SULKER

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Pemco & Co.   | LLC   |                          |
|---|---|--------------------------|
| (Name of the Limited Liability Company<br>(A Florida Limited Lia  | v as it now appears on our records.) ability Company) | <del></del>              |
| The Articles of Organization for this Limited Liability Company v   | were filed on 8-12-13                                 | and assigned             |
| This amendment is submitted to amend the following:   |   |                          |
| A. If amending name, enter the new name of the limited liabil   | tity company here:                                    |                          |
| ·   |   |                          |
| The new name must be distinguishable and contain the words "Limited Liability   | ty Company," the designation "LLC" or the             | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |                          |
| (Principal office address MUST BE A STREET ADDRESS)   |   |                          |
|   |   | <u>₹</u> 8, <b>5</b>     |
|   |   | APA PR                   |
| Enter new mailing address, if applicable:   |   | S CO CO CO               |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                          |
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|   |   | 2× 2                     |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here |   | nter the dame of the new |
| Name of New Registered Agent:   |   |                          |
| New Registered Office Address:  | Enter Florida street address                          |                          |
|   | , Florid  | 9                        |
|   | City , Florid   | Zip Code                 |
| New Registered Agent's Signature, if changing Registered Agent:   | <u> </u>  |                          |

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

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>  | Name             | Address                                     | Type of Action  |
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| Effective date, if other than the date f an effective date is listed, the date must be sp | pecific and cannot be prior to date of | filing or more than 90 days after     | onal)<br>r filing.) Pursuant to 605.0207 (3)( |
| Note: If the date inserted in this block didocument's effective date on the Department.   | loes not meet the applicable statu     | ntory filing requirements, thi        | s date will not be listed as the              |
| e record specifies a delayed effe   | ective date, but not an eff            | ective time, at 12:01 a               | a.m. on the earlier of:                       |
| The 90th day after the record i   | s filed.                               | ,                                     |   |
| Dated Sept  | 14, 2015.                              |                                       |   |
|   | 1.                                     |                                       |   |
|   | - TA - M/                              |                                       |   |

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Filing Fee: \$25.00