

LO9000016776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

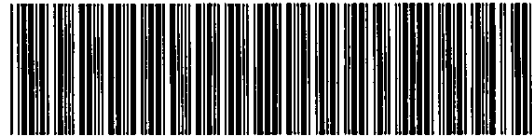
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PMI INVESTMENTS 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:

MADELEINE D LONGARAY
Name of Person
LONGARAY & ASSOCIATES, INC.
Firm/Company
8360 WEST FLAGLER ST #203
Address
MIAMI, FL 33144
City/State and Zip Code
madeleine@longaray.com
E-mail address: (to be used for future annual report notification)

2014 JAN -2 PM 4: 15
SIXTH FLOOR
1000 BANKERS BUILDING
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

MADELEINE D. LONGARAY at **(305) 553-9801**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PMI INVESTMENTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/19/2009 and assigned Florida document number L09000016776.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with 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 ADDRESS)

8851 HARDING AVE
MANAGER'S OFFICE
MIAMI, FLORIDA 33144

REC'D
2014 JAN -2
PM 4:15

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8851 HARDING AVE
MANAGER'S OFFICE
MIAMI, FLORIDA 33144

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MADELEINE D LONGARAY

New Registered Office Address: LONGARAY & ASSOCIATES - 8360 WEST FLAGLER ST #203
Enter Florida street address

MIAMI, Florida 33144
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.

M. Longaray
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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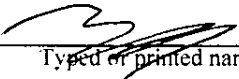
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated DECEMBER 26 , 2013 .

CLAUDIO G BALTULIONES

Signature of a member or authorized representative of a member


Typed or printed name of signee

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Filing Fee: \$25.00

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SEC. OF STATE
TALLAHASSEE, FL 32309