

13000149264

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H16000120643 3)))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Please file before 13th
H16000120686

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PMSI, LLC

Certificate of Status	0
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Page Count	026
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAY 28 PM 3: 89

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5/16

5/27/2016 2:48:23 PM From: To: 8506176383(2/6)
850-617-6381 5/19/2016 9:17:47 AM PAGE 1/001 Fax Server



May 19, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PMSI, LLC
175 KELSEY LANE
TAMPA, FL 33619

SUBJECT: PMSI, LLC
REF: L13000149264

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You must submit the Florida LLC amendment form, not the foreign LLC amendment.

If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

FAX Aud. #: H16000120643
Letter Number: 716A00010576

RE-SUBMIT

Please retain original filing
date of submission 5/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PMST, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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

PMSI, 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 10/22/2013 and assigned Florida document number LF3000149264

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Grosklags, Jeffrey David	11020 Optum Circle	<input checked="" type="checkbox"/> Add
		Eden Prairie, MN 55344	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sisson, Emry Petering	6410 Poplar Ave. Suite 800	<input checked="" type="checkbox"/> Add
		Memphis, TN 38119	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Wicks, Timothy Alan	1100 Optum Circle	<input checked="" type="checkbox"/> Add
		Eden Prairie, MN 55344	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Young, Thomas Scott	6410 Poplar Ave. Suite 800	<input checked="" type="checkbox"/> Add
		Memphis, TN 38119	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Asst. Secretary	Bencivenga, John W.	175 KELSEY LN	<input type="checkbox"/> Add
		TAMPA, FL 33619	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Bencivenga, John W.		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

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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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 5-26 2016

Michelle M. Huntley
Signature of a member or authorized representative of a member

Michelle M. Huntley
Typed or printed name of signer