LOS 0000 64528

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(В	usiness Entity Nam	e)		
(D	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

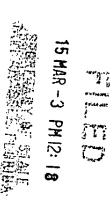
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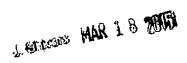




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COVER LETTER

	Registration S Division of Co			•		
cimico	PhysioN	Medics Manufacturing, L	LC			
SUBJEC	1:	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		Mark L Josefson				
			Name of Person			
		PMM Holdings, LLC	;			
			Firm/Company			
		3661 Wild Pines Dri	ve, A307			
			Address			
-	Bonita Springs, FL 34134					
		· · · · ·	City/State and Zip Code			
		mark@brimark.com				
		E-mail address: (to be used for future annual report notifi	cation)		
For further	er information of	concerning this matter, please c	all:			
Mark J	osefson		239 947-3481	,		
	Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for t	he following amount:				
□ \$ 25.0	0 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

	bility Compa	ny as it now appears on our r Liability Company)	ecords.)			
The Articles of Organization for this Limited Liability Company were filed on 6/29/2005				and assigned		
Florida document number L05000064522						
This amendment is submitted to amend the following	:					
A. If amending name, enter the new name of the l	imited liab	ility company here:				
PMM Holdings, LLC						
The new name must be distinguishable and end with the words	"Limited Liab	oility Company," the designation	"LLC" or the	abbreviati	ion "l	L.L.C."
Enter new principal offices address, if applicable:		3661 Wild Pines Dr	ive	र्सा. विकास	4	
(Principal office address MUST BE A STREET AD	DRESS)	A 307			U)	
	_	Bonita Springs, FL	34134	摄	20	1
				建	نا	Parametric Parametri Parametric P
Enter new mailing address, if applicable:		2026 Oak Lea Drive	9	74	2	M
Mailing address MAY BE A POST OFFICE BOX)		Suite 101	ê	i Li	<u>?</u>	Crass.
	•	Wayzata, MN 5539	1 8		9	
3. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:		<u>e</u> :	cords, <u>enter</u>	the na	me	of the
New Registered Office Address: 36	61 Wild F	Pines Drive, A307				
New Registered Office Address.		Enter Florida street a	ddress			
Bonita Sp		ngs	_, Florida <u>3</u>	4134		
		City	_,	Zip C	Code	
New Registered Agent's Signature, if changing Registe	ered Agent:					
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete l agent as p ered office	performance of my dutie provided for in Chapter (s, and I am 505, F.S. Or	familia , if this c	r wit docu	h and ment is

Mark L Josefson
If Changing Registered Agent, Signature of New Registered Agent

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e effec	e date, if other than the date of filing: (optional ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
ie effec	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State) 2/15/2015
e effec ie date	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
e effec e date	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State) 2/15/2015 ,,

Page 3 of 3

Filing Fee: \$25.00

15 MAR - 3 PM I2: 29

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Maark L Josefson	2926 Oak Lea Drive, Wayzata, MN 55391	ADD □ Add
			□ Remove
	·		 .
			D Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			
			□ Add
			☐ Remove
	·		15
<u> </u>			And
		12.4 2.7 2.7 2.7 2.7 2.7 2.7 2.7 2.7 2.7 2.7	
			2 G Add
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