

L02 0000026190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

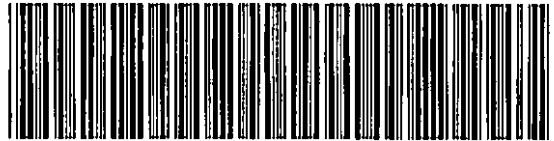
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MAR 16 2022

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FILED
2022 MAR -1 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Private Asset management Group 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:

Reginald m Berthiaume
Name of Person

Private MANDUROS
Firm/Company

5036 Dr. Phillips Blvd #282
Address

ORLANDO FL 32819
City/State and Zip Code

RberthL@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reginald m Berthiaume at (407) 718 8844
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: \$2622.50

- ☒ \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

Private Asset Management Group

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

2022 MAR -9 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 9/19/2002 and assigned
Florida document number 402000026190.

This amendment is submitted to amend the following:

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

Private M Advisors LLC

The new name must be distinguishable and contain 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)

941 W Morse Blvd
Suite 100
Winter Park FL 32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5036 Dr. Phillips Blvd
282
Orlando FL 32819

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:

Agustin Benitez

New Registered Office Address:

1223 East Concord Street

Enter Florida street address

Orlando

City

Florida

32803

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

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>
<u>CEO</u>	<u>Reginald Berthine</u>	<u>5036 Dr. Phillips Blvd #282</u> <u>Orlando FL 32819</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>VP</u>	<u>Tiffany Bryles</u>	<u>5036 Dr. Phillips Blvd #282</u> <u>Orlando FL 32819</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>VP</u>	<u>Diana Berthine</u>	<u>5036 Dr. Phillips Blvd #282</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando FL 32819</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 2/11, 2022

[Handwritten signature]

Signature of a member or authorized representative of a member

Reginald m Berthoune

Typed or printed name of signee

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Limited Liability Company's Name

Private Asset management Group, LLC

2. Principal Office Address - No P.O. Box #

5036 Dr. Phillips Blvd #282
Orlando FL 32819

Suite Apt # etc

282

City & State

Orlando FL

Zip

32819

Country

USA

3. Mailing Office Address

SAME

Suite Apt # etc

282

City & State

Orlando FLORIDA

Zip

32819

Country

USA

8. Name and Address of Current Registered Agent

Name

Augusta Benitez

Street Address (P.O. Box Number is Not Acceptable) Suite

1223 East Concord Street

Apt # Etc

Orlando

City

State

FL

Zip Code

32803

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/11/2022

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
CEO	Reginald Benithaume	5036 Dr. Phillips Blvd #282	Orlando FL 32819
VP	Diana Benithaume	5036 Dr. Phillips Blvd #282	Orlando FL 32819
VP	Tiffany Broyles	5036 Dr. Phillips Blvd #282	Orlando FL 32819

11. E-mail Address

Rbenitha@aol.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date 2/11/2022

Daytime Phone # 407 718 8847

Typed or printed name of signing authorized representative/member

Reginald Benithaume

CR2EC41 (1/14)

4. State/Country of Formation

USA

5. Date Organized or Qualified To Do Business in Florida

9/19/2002

6. FEI Number

13-4213990

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

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03/01/22--01040--001 **2022.50