## L04000060254

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	· · · · · · · · · · · · · · · · · · ·
(City/	State/Zip/Phone	<del>;</del> #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nam	ne)
(Doci	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi		
	A. LL	JNT
	FEB - 3	· ·
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**EXAMINER** 

Office Use Only

2 sided Form

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SECKETARY OF STATE
TALLAHASSEE, FLORIDA

-UNT -3 2010

## **COVER LETTER**

то:	Registration S Division of Co					
SUBJI	ECT:	PMR A	ssociates LLC			
		Name of Lim	ited Liability Company			
The en	closed Articles of	of Amendment and fee(s) are sul	omitted for filing.			
Please	return all corresp	oondence concerning this matter	to the following:			
			Dean Santoro			
			Name of Person			
			PMR Associates LLC			
Firm/Company  540 Harbour Drive  Address  Naples FL 34103  City/State and Zip Code			20 TA1			
			540 Harbour Drive		2010 FEB - I SECRETARY ALLAHASSE	****
			Address		B-	
		Naples FL 34103	i.		TILED	
						<b>H 1 2 3 1 A</b>
			dean@pmrco.net	3	777	
For fur	ther information	concerning this matter, please of	to be used for future annual report notificational:	on)		
		veneering , presse s				
		Dean Santoro	ut \	2-9063		
	Name	of Person	Area Code & Daytime Te	tephone Number		
Enclos	ed is a check for	the following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate Certified C (additional	of Status &	sed)
MAILING ADDRESS: Registration Section Division of Corporations		stration Section	STREET/COURIER Registration Section Division of Corporation			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PMR Assoc			
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appear Liability Company)	's on our records.	
The Articles of Organization for this Limited Liability Company Florida document numberL0400060254	were filed on	8/13/2004	and assigned
Tiorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	2010 F SECR TALLA
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	ny," the designation '	DEG or the abbreviation
Enter new principal offices address, if applicable:	540 Harbour	Drive	2 A
(Principal office address MUST BE A STREET ADDRESS)	Naples FL 34	103	
Enter new mailing address, if applicable:	540 Harbour	Drive	
(Mailing address MAY BE A POST OFFICE BOX)	OX) Naples FL 34103		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	•		
	En	ter Florida street aa	ldress
		, 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 608, 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