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(((H19000292322 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number : I20000000291 Phone

: (407)847-7466

Fax Number

: (407)847-6641

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

Emaıl	Address:	 	

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

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Corporate Filing Menu

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From: Candy McDonah

Fax: 13214025154

To: (((H19000292322 3)))

Page; 2 of 4

10/01/2019 12:41 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PPSM, LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appe a Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability (lompany were filed on _	March 24, 2009	and assigned
Florida document number L09000028827			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company	<u>liere</u> :	
The new name must be distinguishable and contain the words "Lit	nited Linbility Company," the	e designation "LLC" or the a	
Enter new principal offices address, if applicable:			20
(Principal office address MUST BE A STREET ADD	RESS)		<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			· <u>-</u>
			· (<u>)</u>
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	istered office address dress <u>herc</u> :	on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	Enter F	Torida 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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Fax: 13214025154

Ta:

Fax: (850) 617-6383

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(((H19000292322 3)))

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>	Type of Action
MGR	Swart Baumruk & Company LLP	1101 Miranda Lane	D Add
		Kissimmee, FL 34741	Remove
			□ Change
MGR	Robin Wolf	150 Governor's Square Suite E	 Add
		Peachtree City, GA 30269	🗆 Remove
			Change
			Dat:
			Change
			D \##\
			□ Remove
			Change
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			Remove
			Clunge
			DAdd
			□ Remove
			☐ Change

n: Candy McDonah	Fax: 13214025154	т»: (((Н1900	Fax: (850) 617-6383 0292322 3)))	Page: 4 of 4	10/01/2019 12:41
D. If amendin	ng any other informs		s) here: (Auach additional shee	ts, if necessary.)	
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Note: If th	ne date inserted in this b	lock does not meet the	be prior to date of filing or more than 9 applicable statutory filing require secords.	(optional) 0 days after filing.) Purs ments, this date will t	บลาเ เด 605.0207 (3 not be listed as th
If the record (b) The 90	i specifies a delaye th day after the re	ed effective date, t cord is filed.	out not an effective time, at	12:01 a.m. on t	he earlier of:
Dated S	September_18		19		
W. 1587	<u> </u>	Signature of a merriber	or authorized representative of a mem	ber	

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Robin Wolf
Typed or printed name of signee

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