

L12000130093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

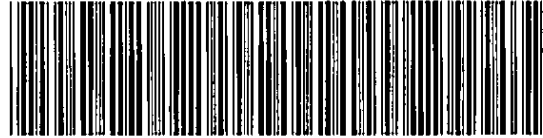
(Document Number)

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CLERK OF SUPERIOR COURT
JAN 25 2022
21 TP 26 AM 4:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PM AIROSO, 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:

Peter A. Economys

Name of Person

PM AIROSO, LLC

Firm/Company

481 SW Port St. Lucie Blvd., Ste. D

Address

Port St. Lucie, FL 34953

City/State and Zip Code

ekonomy@yahoo.com

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

For further information concerning this matter, please call:

Peter A. Economys

772-408-6190

at _____

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
SEP 21 2007
TALLAHASSEE, FL
21 SEP 21 AM 4:07

PM AIROSO, LLC

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>
MGR	Michael Matakacris	3042 SE Doubleton Drive	<input type="checkbox"/> Add
		Stuart, FL 34997	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Peter Economys	481 SW Port St. Lucie Blvd., Ste. D	<input type="checkbox"/> Add
		Port St. Lucie, FL 34953	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 21 SEP 24
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 2021

21 SEP 24 AM 4

FILED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
WASHINGTON, D. C. 20535
SEP 24 AM 4:07

(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: (b) The 90th day after the record is filed.

Dated 8.27 2021

Signature of a member or authorized representative of a member

Peter A. Economys

Typed or printed name of signee

Filing Fee: \$25.00