## L12000130093

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PICK-UP WAIT MAIL
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## **COVER LETTER**

Division	of Corpo	rations			
	LAIROSC				
SUBJECT:			ited Liability Company	<del>-</del>	
The enclosed Artic	cles of Ai	nendment and fee(s) are sub	mitted for filing.		
Please return all co	orrespond	lence concerning this matter	to the following:		
		Peter A. Economys			
		,	Name of Person		
		PM AIROSO, LLC			
			Firm/Company		
		481 SW Port St.Lucie Blve	d., Ste. D		
			Address		
		Port St. Lucie, FL 34953			
			City/State and Zip Code		12
		ekonomy@yahoo.com	to be used for future annual re	port notification)	21 STP 21
For further inform	ation con	cerning this matter, please c		,	21 mm
Peter A. Economy	/s			608 6190	
	Name of P	erson	at) Area Code	Daytime Telephone Number	## 4:07
Enclosed is a chec	k for the	following amount:			
<b>■</b> \$25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of	Status & y
Mailing A Registra	Address: ation Sec	ction	<u>Street Add</u> Registrati	ress: on Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

PM AIROSO, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
he Articles of Organization for this Limited Liability Compar	ny were filed on 10-2-2012	and assigned
lorida document number L12000130093		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "Ll.C" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>enter the nan</u>	ne of the new regist
the and of the new registered write and ess nere.		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
<del></del>	, Florida	Zio Coda S
	Cuy	zip Coae 😁

## 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 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>	Address	Type of Action
MGR	Michael Matakaetis	3042 SE Doubleton Drive	
		Stuart, FL 34997	■Remove
			□Change
AMBR	Peter Economys	481 SW Port St. Lucie Blvd., Ste. D	□Add
		Port St. Lucie, FL 34953	□Remove
			Change
		<del></del>	
			□ Remove
			□Ghange
			CAU
			□Remove
			Change
			□Add
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			□Chana.

document's effective date on the Department of State's records.  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day and is filed.  Dated	or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 icable statutory filing requirements, this date will not be listed as ls.  time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
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Filing Fee: \$25.00