

L12000133376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

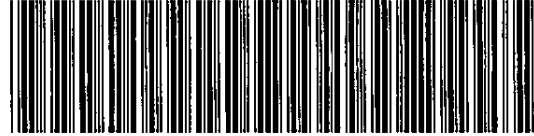
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 22 2015
J. HARRIS

JAMES W. MALLONEE, P.A.

LAW OFFICES

James W. Mallonee
Attorney at Law

946 Tamiami Trail, Unit #206
Port Charlotte, FL 33953-3108
Phone: (941) 206-2223
Facsimile: (941) 206-2224

871 Venetia Bay Blvd., #225
Venice, FL 34285
Phone: (941) 207-2223
Facsimile: (941) 207-2226

Please Respond to the Above Address

June 17, 2015

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

Re: Addition of Member to PPM (Venice) LLC

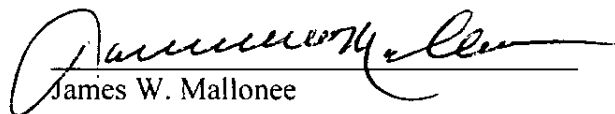
Dear Sir or Madam:

Please find enclosed the following documents for your review and execution:

- Articles of Amendment to Articles of Organization (addition of member);
- Check in the amount of \$60.00.

Upon completion, please return the Certificate of Status and Certified Copy to me at the Port Charlotte address identified above. Thank you in advance and if you have any questions, please do not hesitate to contact me.

Very truly yours,


James W. Mallonee

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PPM (VENICE) 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:

JAMES W. MALLONEE

Name of Person

JAMES W. MALLONEE, P.A.

Firm/Company

946 TAMIAMI TRAIL, #206

Address

PORT CHARLOTTE, FL 33953

City/State and Zip Code

jmallonee@jameswmallonee.com

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

For further information concerning this matter, please call:

JAMES W. MALLONEE

941 206-2223
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PPM (VENICE) LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/18/2012 and assigned
Florida document number ~~L1200013376~~ L12000133376

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

, Florida

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>
MGR	SUSAN P. PHILLIPS	149 PORTOFINO DRIVE	<input checked="" type="checkbox"/> Add
		NORTH VENICE, FL 34275	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____,

Typed or printed name of signee

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~~NOT RECORDED~~
STATE
TALLAHASSEE FLORIDA