# 13000025111

(Re	questor's Name)	
(Ād	dress)	
(Ad	dress)	<u> </u>
(	,	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	/



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Y. SCOTT NOV 1 5 2023

# **COVER LETTER**

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TO:	Begistration Se Division of Cor		· 🍂	•\$	۰ :		
	PKMR I, LI	I.C					
SUBJI	ЕСТ <sup>#</sup>			<u>-</u>			
		Name of Lim	ited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Peter Franke					
		·	Name of Person	<i></i>			
		<u> </u>	Firm/Company	<b></b>			
		812 Grove Park Ave				2023 HOV	DIVISIO
		Tampa FL 33609	Address			10V - 3	RETARY
		pfranke@pkmrholdings.com	City/State and Zip Cod	¢		PH 3: 03	D OF SIAI
		E-mail address: (	to be used for future annu-	al report notificat	ion)	03	
For fur	rther information c	oncerning this matter, please c	all:				
Peter F	franke		813 3 at ()	94-0854			
	Name o	f Person	Area Code	Daytime Te	lephone Number		
Enclos	ed is a check for th	he following amount:					
<b>■</b> \$2	15.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is e		\$60.00 Filing Certificate o Certified Co (additional copy)	f Status & РУ	
	Mailing Addres			Address: tration Sectio	າກ		
Division of Corporations		Divisi	on of Corpor	rations			
	P.O. Box 632			entre of Tall			
	Tallahassee.	FL 32314	2415	N. Monroe S	treet, Suite 810		

Tallahassee, FL 32303

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PKMR L LLC

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

This amendment is submitted to amend the following:

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

PKMR Holdings LLC

The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbrevignion	" <b>(</b>
-	123	SE SE SE
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	V I	
	دى	COR
		-010 010
	بب	22
Enter new mailing address, if applicable:	<u> </u>	<u> </u>
	ω	77
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street au	kbress
	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 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>	Name	Address	<b>Type of Action</b>
MGR	Peter Franke	812 Grove Park Ave	
			🗆 Add
		Tampa FL 33609	
			Change
MGR	Karen Franke	812 Grove Park Ave	
			🗆 Add
<u></u>		Tampa FL 33609	
		_	
			EChange
			202
			C A depres
<u> </u>			
			CD Remove
			Change
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			□Change
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			Change

• • •

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

	November 1	2023	
Dated_			
		fignature of a member or authorized representative of a member	
	Peter Franke		

Typed or printed name of signee