L13000149264

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| (Business Entity Name) |
| (Document Number) |
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CT CORP (850) 656- 4724

3458 lakesore Drive

Tallahassee, FL 32312

Date:

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10/24/2024

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Acc#I20160000072

| Name: | PMSI, LLC | |
|-------------|-----------|--|
| Document #: | | |
| Order #: | 15939018 | |

| Certified Copy of Arts & Amend: | | | | | - |
|------------------------------------|----------|------|---------------------|------|---|
| Plain Copy: | | | | | |
| Certificate of Good Standing: | | | | | |
| Certified Copy of | | | | | |
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| Document | Amount: \$ 55.00 |
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| | (Thank you!) |
| | |

COVER LETTER

TO: Registration Section Division of Corporations

PMSI, LLC SUBJECT:

Tallahassee, FL 32314

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:

Sandy Morgan Name of Person Firm/Company Address City/State and Zip Code sandy_morgan@uhg.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>952</u>) <u>936-5730</u> Area Code <u>Dayt</u> Sandy Morgan Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. □ \$55.00 Filing Fee & □ \$30.00 Filing Fee & □ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: **Registration Section Registration Section Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| PMSI, LLC | | 2024 OCT 24 AM 9: 42 |
|---|---|--------------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our liability Company) | TALLAHASSEE. FLORIDA |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L13000149264</u> . | were filed on <u>12/01/2003</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited liab</u> | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 12921 S. Vista Station, S | Ste. 200 |
| (Principal office address MUST BE A STREET ADDRESS) | Draper, UT 84020 | |
| Enter new mailing address, if applicable: | 12921 S. Vista Station. S | Ste. 200 |
| (Mailing address MAY BE A POST OFFICE BOX) | Draper, UT 84020 | |
| B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> : | address on our records, | enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street | address |
| | | Florida |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

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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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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| <u>Title</u> | Name | Address | Type of Action |
|--------------|--------------------------|--|-----------------|
| Manager | Jeannine Patricia Foster | | 🖸 Add |
| | | 175 Kelsey Lane, Tampa, FL 33619 | Remove |
| | | | 🗆 Change |
| Director | Matthew Johnson Wolfe | 12921 S. Vista Station, Ste. 200, Draper, UT 84020 | 🖬 Add |
| | | <u> </u> | 🗆 Remove |
| | <u> </u> | 🗆 Change | |
| Manager | Peter Marshall Gill | | 🗆 Add |
| | | 175 Kelsey Lane, Tampa, Fl. 33619 | E Remove |
| | | | 🗋 Change |
| Treasurer | Marilyn Victoria Hirsch | 12921 S. Vista Station, Ste. 200, Draper, UT 84020 | ≅Add |
| | | | 🗆 Remove |
| | | | 🗆 Change |
| Manager | Timothy Joeseph Langdon | | 🗆 Add |
| | | 12921 S. Vista Station, Ste. 200, Draper, UT 84020 | Remove |
| | | | □Change |
| Manager | Heather Anastasia Lang | | 🗆 Add |
| | | | 🗋 Remove |
| | | 12921 S. Vista Station, Ste. 200, Draper, UT 84020 | 🖹 Change |

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

| Christopher Michael Leopold (| Chief Financial Officer |) 12921 S. Vista Stat | tion, Ste. 200, Draper, | UT 84020 | |
|--|--------------------------|--|---|--|------------------|
| Karen Elizabeth Bohmer (Secr | etary) 12921 S. Vista S | Station, Ste. 200, Dra | per, UT 84020 | | |
| John William Bencivenga (As | sistant Secretary) 12921 | S. Vista Station, Ste | . 200. Draper, UT 840 | 020 | |
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| Effective date, if other than the offective date is listed, the date must Note: If the date inserted in this blo locument's effective date on the De | ck does not meet the ap | plicable statutory fill | (optio more than 90 days after ing requirements, this | nal) iling.) Pursuant to 60 date will not be lis | 5.0207 ted as |
| record specifies a delayed effective d is filed. | date, but not an effecti | ve time, at 12:01 a.m | . on the earlier of: (b) | The 90th day afte | er the |
| October 23 | . 2024 | | | | |
| | 22- | | | | |

Typed or printed name of signee