## \*L14000050425

(Re	equestor's Name)	
	•	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	е)
(Do	ocument Number)	
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2015 JUN 16 PM 3: 07

K. SRLY EXMINER JUN 17 2015

## **COVER LETTER**

SUBJECT:	PMC FLORIDA	ENTERPRISE LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Bod	rigo Stegan Name of Person	<u> </u>
	Confier	ca Logistic	s LLC
	1/700 M	UW 102md Ro	1 # 16
		FL 33/-	
	E-mail address: (t	to be used for future annual report notific	ration)
For further information cor	neerning this matter, please ca	nll:	
Rodrigo S	Steami	at (305) 635 Area Code Daytime	- 4949 x 302
Name of I	Person	Area Code Daytime	Telephone Number
Englosed is a check for the	_		
\$25.00 Fiting 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

TO:

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**

2015 JUN 16 PM 3: 06

PMC FLORIDA ENTERPRISE LLC

company has been notified in writing of this change.

(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 I Florida document number L14000050425	Liability Company	were filed on $\frac{03/21/2014}{}$	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREA	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	1/or registered o office address her		ecords, enter the name of the new
-		ND RD SUITE 16	
New Registered Office Address:	11700 NW 102	Enter Florida street	address
	MEDLEY		, Florida 33178
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete gistered agent as	performance of my dut provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

11 Changing Registered Agent, Signature of New Registered Agent

If amendin	g Authorized Person(s) authorized to n from our records:	nanage, enter the title, name, and address of each person being added
MGR = N		Address  Address  Address  Address
<u>Title</u>	<u>Name</u>	Address  Address
		□ Add
		Remove
		Change
		Add
		Петоче
		Change
		Add
		П Remove
		Change
		Remove
		Change
		□ Remove
		Change
		□ Add
		Remove

\_□ Change

	II.
	TOTAL STATE OF STATE
-	
ective date, if other than the date of filing:	(optional)
e: If the date inserted in this block does not meet the app	rior to date of filing or more than 90 days after filing.) Pursuant to 605. blicable statutory filing requirements, this date will not be liste
ument's effective date on the Department of State's recor	ras.
	not an effective time, at 12:01 a.m. on the earlie
he 90th day after the record is filed.	
ed	
	Todo /
	uthorized representative of a member

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Filing Fee: \$25.00