

44000123721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

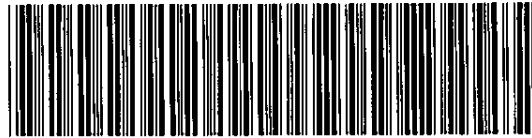
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

NO  
#



000263951780

01/13/15--01009--031 \*\*25.00

FILED  
2014 DEC 30 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JAN 13 2015  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 29, 2014

CAROLINE LARSON  
LARSON ACCOUNTING & SERVICES LLC  
8615 COMMODITY CIRCLE STE 06  
ORLANDO, FL 32819

SUBJECT: PFM CAPITAL LLC  
Ref. Number: L14000123721

We have received your document for PFM CAPITAL LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 614A00027314

**FILED**  
2014 DEC 30 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PFM CAPITAL 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:

**CAROLINE LARSON**

Name of Person

**LARSON ACCOUNTING & SERVICES LLC**

Firm/Company

**8615 COMMODITY CIRCLE STE 06**

Address

**ORLANDO - FL 32819**

City/State and Zip Code

**PRIVATE@LARSONACC.COM**

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

For further information concerning this matter, please call:

**CAROLINE LARSON**

Name of Person

**407 3703686**

at ( )

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

2014 DEC 30 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

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

**PFM CAPITAL 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 08/07/2014 and assigned  
Florida document number L14000123721.

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 end with 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)**

8615 COMMODITY CIRCLE STE 06

ORLANDO - FL 32819

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

8615 COMMODITY CIRCLE STE 06

ORLANDO - FL 32819

**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:

CAROLINE LARSON

New Registered Office Address:

8615 COMMODITY CIRCLE STE 06

Enter Florida street address

ORLANDO

Florida

City

32819

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

**FILED**  
JUN DEC 30 PM 4:45  
CLAHASSEE FLORIDA  
SECRETARY OF STATE

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |

20th DEC 30 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

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

---

---

---

---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated DECEMBER 10, 2014.

[Signature]

Signature of a member or authorized representative of a member

MAURICIO A MACHADO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
2014 DEC 30 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA