

L14 000136766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

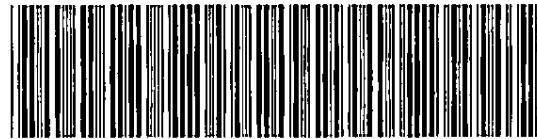
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/24/21--01023--002 **25.00

FILED
SEP 24 2021
AM 4:07
CLERK OF COURT
JANET L. HARRIS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PMA OKEECHOBEE 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:

Peter A. Economys

Name of Person

PMA OKEECHOBEE LLC

Firm/Company

481 SW Port St. Lucie Blvd., Ste. D

Address

Port St. Lucie, FL 34953

City/State and Zip Code

ekonomy@yahoo.com

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

For further information concerning this matter, please call:

Peter A. Economys

772 408 6190

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

21 SEP 24 AM 4:07
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

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

PMA OKEECHOBEE 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 9-2-2014 and assigned Florida document number L14000136766.

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

_____, Florida _____

City

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
SEP 26 2014
AM 4:47
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

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>
AMBR	Michael Matakaetis	3042 SE Doubleton Drive	<input type="checkbox"/> Add
		Stuart, FL 34997	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Peter Economys	481 SW Port St. Lucie Blvd., Ste. D	<input type="checkbox"/> Add
		Port St. Lucie, FL 34953	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2020 JUN 26 PM 4:07
CLERK OF DISTRICT COURT
PORT ST. LUCIE, FLORIDA

21 SEP 24 A

FILED
SECRETARY OF STATE
JAN 21 1964
21 SEP 24 AM 4:07

August 27, 2021

(optional)

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 8-27, 2021

Peter A. Economys

Filing Fee: \$25.00