

LIS000175570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

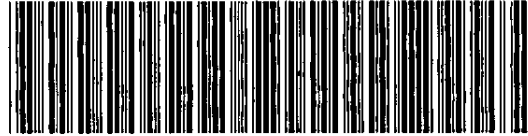
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 NOV 25 PM 12:35
CLERK OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC 1 - 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PMV Properties 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:

Petre Lapuste

Name of Person

Firm/Company

351 SW 66 Ave

Address

Pembroke Pines FL 33023

City/State and Zip Code

petre.lapuste.87@gmail.com

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

For further information concerning this matter, please call:

Petre Lapuste

786 252-1101
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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PMV Properties LLC

The Articles of Organization for this Limited Liability Company were filed on 10-16-2015 and assigned Florida document number L15000175570.

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

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)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

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, 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>
MABR	Petre Lapuste	351 SW 66 Ave Pembroke Pines	☒ Add
		FL 33023	☐ Remove
			☐ Change
MGR	Petre Lapuste	351 SW 66 Ave Pembroke Pines	☒ Add
		FL 33023	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA
JAN 1 2016

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

21-2015



Signature of a member or authorized representative of a member

Typed or printed name of signee