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COVER LETTER

TO:

	Registration Sec Division of Corp				-	
SUBJEC		'ESTMENTS, LLC			A Comment of the Comm	
SOBJEC		Name of Lim	Name of Limited Liability Company			
		Amendment and fee(s) are sub				
Please re	turn an correspo		·			
						
Christopher K. Leigh, P.A.						
		<u> </u>				
		1 East Broward Blvd., Suite 700 Address Fort Lauderdale, Florida 33301				
chris@chrisleigh.com			City/State and Zip Code			
For furth	er information co	E-mail address: (to be used for future annual report no all:	otification)		
Christop	her K. Leigh		954 523-5555 at ()			
	Name of	f Person		me Telephone Number		
Enclosed	l is a check for th	ne following amount:				
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Contact (additional contact)	of Status & oppy	
		ING ADDRESS: ation Section	STREET/COUI Registration Sect	RIER ADDRESS:		

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

ART	ICLES OF OR	GANIZATION	Programme Company
	OF		The state of the s
PMMA INVESTMENTS, LLC			3
(Name of the Limit	ed Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)	and assigned
The Articles of Organization for this Limited Li	iability Company wer	e filed on 11/03/2015	and assigned
Florida document number L15000186577	·		3
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability	company here:	
The new name must be distinguishable and contain the w	vords "Limited Liability C	Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
	_		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/ registered agent and/or the new registered of		address on our records, e	nter the name of the new
Name of New Registered Agent:	Christopher K. Leig	şh	
New Registered Office Address:	I East Broward Bly	rd., Suite 700	
	·	Enter Florida street address	
	Fort Lauderdale	, Floric	la 33301
		Cin	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 gent, 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>	Name	Address	Type of Action
			Remove
			☐ Change
			Add
		 	□ Remove
			Change
			D Add
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Effective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block locument's effective date on the Department.	specific and cannot be price does not meet the appli	cable statutory fil		iling.) Pursuant to 605.020
e record specifies a delayed ef The 90th day after the record		ot an effective	time, at 12:01 a	.m. on the earlier o
September 24	,	·		
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Sig	mature of a member or aut	honzed representati	ve of a member	

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Filing Fee: \$25.00