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November 9, 2020

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Articles of Amendment to Articles of Organization of JV ITES-3S, LLC

Dear Sir/Madam:

Please find attached our Articles of Amendment changing the registered name of the JV ITES 3S. LLC to PTME Group, LLC as well as the required filing fee.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Jeffry/Ś. Brady General Counsel

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TV - TTES - 35 / 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:
NICOLE BUONAMIA Name of Person
JV-ITES-35, LLC Firm/Company
8621 E. DR. MARTIN LUTHER KING JR. BLVD.
TAMM, FL 33614 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: NICOLE BUONAMIA at (813) 679 8376 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status &
Mailing Address: Registration Section Street Address: Registration Section

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TV-TTES-35, LL (Name of the Limited Liabil (A Florid	_ (appen	rs an our recoi	rds.)		
(Name of the Limited Liabli (A Florid	lity Company as it now la Limited Liability Com	ipany)	13 011 041 1553	· · · · · · · · · · · · · · · · · · ·		
The Articles of Organization for this Limited Liability	Company were filed	on	FEBRUAR	4 1, 201	and assi <u>و</u>	gned
Florida document number <u>L!6ØØØ19743</u>	<u> </u>					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lir	nited liability comp	anv h	<u>iere</u> :			
The new name must be distinguishable and contain the words "Li				ان مالاه د داد د ۲۰۰۰ ا	<u> </u>	<u></u>
The new name must be distinguishable and contain the words "Li	imited Liability Company	y," the	designation "Li	i.C or the apple	· · · · · · · · · · · · · · · · · · ·	. !
Enter new principal offices address, if applicable:					10.72	, -, -,-
(Principal office address MUST BE A STREET ADL	ORESS)			<u>-</u> <u>-</u> <u>-</u> -',	· · · · ·	- (;
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Enter new mailing address, if applicable:					<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)					<u> </u>	
frame dates with						
B. If amending the registered agent and/or registe	red office address o	n our	records, <u>ent</u>	ter the name	of the nev	v register
agent and/or the new registered office address here	<u>e</u> :					
Name of New Registered Agent:			<u> </u>		_	
New Registered Office Address:		r	lorida street ad	drace		
	,	c,nier r				
_	City			, Florida	Zip Code	
	•					
New Registered Agent's Signature, if changing Regist	ered Agent:					ada adele e
I hereby accept the appointment as registered age	ent and agree to act	in th	is capacity.	I further agr	ee to com amiliar wi	pry wun i Th and

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>	Name	Address	Type of Action
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			□ Add
			□Remove
			🗆 Add
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Dated	November 9 2020.	
	Victor 2 Buonanian Signature of a member or authorized representative of a member Victor L. Buonania Typed or printed name of signee	-

Filing Fee: \$25.00