L16000108147

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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COVER LETTER

TO:	Registration Sec Division of Corp						
CUD IE	PT Holdings						
SUBJE	LI:	Name of Lim	ited Liability Company				
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please re	eturn all correspoi	ndence concerning this matter	to the following:				
		Danilo Cruz					
		d a company	Name of Person				
		PT Holdings One LLC					
Firm/Company							
			Address				
		West Palm Beach, FL 33406					
		City/State and Zip Code					
PropertyFL@hotmail.com E-mail address: (to be used for future annual report notification)							
			·	action)			
For furt	her information co	oncerning this matter, please ca	all:				
Danilo (Cruz		954 562-3156 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclose	d is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PT Holdings One LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) _____ and assigned Florida document number L16000108147 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

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

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>	Address	Type of Action
MGR	Denise Cruz	300 S Australian Ave. Apt 1507	∃ Add
		West Palm Beach, FL 33401	□ Remove
			Change
			Remove
		-	Change
			□ Remove
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tive date, if other than the ffective date is listed, the date in this ment's effective date on the ecord specifies a delay	he date of filing: must be specific and cannot block does not meet th Department of State's ed effective date,	at be prior to date of filing the applicable statuto records.	ry filing requireme	ays after filin nts, this dat	g.) Pursuar e will not	be listed
e 90th day after the re	ecord is filed.					
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	Signature of a member	r or authorized repres	entative of a member	EARY	721	ED

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Filing Fee: \$25.00