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## **COVER LETTER**

TO: Registration Se Division of Con				
SUBJECT:	MF ROPER Name of Limit	and Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	PM F.	NOREWS Name of Person ROPERTY Maml.	110	
		Firm/Company	AAC	
	Washey	OURY DRIVE  Address  City/State and Zip Code  S 1 3 8 4 7 @ A 0 L COR  o be used for future annual report notific	3543 RH F: 39	ALCOLDS BOOK BY
For further information of	concerning this matter, please ca		·, <u>6</u>	100
TERRI F	ANDREWS of Person	at (8/3) 778-	/0 444 Telephone Number	
Enclosed is a check for the	he 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)	
	ING ADDRESS:	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PMF PROPER  Name of the Limited Liability		,
(A Florida I	Company as it now appears on our records Limited Liability Company)	<u>-1</u> /
The Articles of Organization for this Limited Liability Co Florida document number <u>人/んのの//3068</u>		and assigned
	<b>_·</b>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
5	m1/L	2
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11/0	
<u>(Principal office address MUST BE A STREET ADDRE</u>	$\underline{\text{ESS}}$ $\underline{N/H}$	97 (7)
		A PA
Enter new mailing address, if applicable:		0 P-0
(Mailing address MAY BE A POST OFFICE BOX)		3 77
•		£ 98
		3 gm
B. If amending the registered agent and/or registe	ered office address on our records	, enter the name of the nev
registered agent and/or the new registered office addre	ess here:	
	1/2	
Name of New Registered Agent:	N/A	
New Registered Office Address:	1	
new registered Office Address.	Enter Florida street address	5
	E71 -	ملئد
	City , F 10	orida 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.

N/A

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
AMBR	TERRI HNOREWS	4128 LOURY De.	Add
		HI28 LOURY De. WESLEY CHAPEL FL 3354	3 □ Remove
<u>AMBR</u>	FLORENCE BRONDER	6/20 TWILIGHT BR ZERNYRNILLS, FL. 33540	Add
		ZEPNYRNILLS, FT. 33540	Remove
			Change
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ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of	(optional) filing or more than 90 days after filing.) Pursuant to 605.0
E: If the date inserted in this block does not meet the applicable state iment's effective date on the Department of State's records.	utory filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an ef	fective time, at 12:01 a.m. on the earlier
ne 90th day after the record is filed.	
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d 20/6.	
TERES THOUSE	
Signature of a member or authorized rep	presentative of a member
Signature of a memory of against require	

Page 3 of 3

Filing Fee: \$25.00