

416000116650

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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 24 2016
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PM VISION, 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:

Maria Vybohova

Name of Person

PM VISION, LLC.

Firm/Company

3493 Cocoplum Cir

Address

Coconut Creek, Florida, 33063

City/State and Zip Code

Maria.vybohova@gmail.com

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

For further information concerning this matter, please call:

Maria Vybohova

786

2536051

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PM VISION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 14, 2016 and assigned
Florida document number L16000116650.

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:

17890 NE 31st Court, Apt. 3223

(Principal office address MUST BE A STREET ADDRESS)

Aventura, Florida, 33160

Enter new mailing address, if applicable:

17890 NE 31st Court, Apt. 3223

(Mailing address MAY BE A POST OFFICE BOX)

Aventura, Florida, 33160

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:

Maria Vybohova

New Registered Office Address:

17890 NE 31st Court, Apt. 3223

Enter Florida street address

Aventura

Florida 33160

City

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 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>
AMBR	Maria Vybohova	17890 NE 31st Court, Apt.3223	<input type="checkbox"/> Add
		Aventura	<input type="checkbox"/> Remove
		Florida, 33160	<input checked="" type="checkbox"/> Change
AMBR	Petra Brusakova	17890 NE 31st Court, Apt.3223	<input type="checkbox"/> Add
		Aventura	<input type="checkbox"/> Remove
		Florida, 33160	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
JILL AHARSEK
TALLAHASSEE, FLORIDA

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