

216000150673

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AUG 30 2016  
S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 AUG 29 AM 11:08

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PA Bethesda East, 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:

Peter Economys

\_\_\_\_\_  
Name of Person

PA Bethesda East, LLC

\_\_\_\_\_  
Firm/Company

481 SW Port St. Lucie Blvd., Suite D

\_\_\_\_\_  
Address

Port St. Lucie, FL 34953

\_\_\_\_\_  
City/State and Zip Code

erica.young51@outlook.com

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

16 AUG 29 AM 11:08  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Erica Young

772

408-6190

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

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

PA Bethesda East, 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 08/11/2016 and assigned  
Florida document number L16000150673.

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*

*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	Zakhary, Alfred		<input type="checkbox"/> Add
		8750 Thornbrook Terr Point, Boynt	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Zakhary, Albert	8750 Thornbrook Terr Point, Boynt	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 APR 29 AM 11:08  
 SECRETARY OF STATE  
 ELECTRONIC RECORDS

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

I made a mistake on Al's name. We just need to change it from Alfred to Albert.

19 AUG 29 AM 11:08

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 16, 2016

Signature of a member or authorized representative of a member

Peter Economys

~~Typed or printed name of signee~~

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Limited Liability Company**

PA BETHESDA EAST LLC

**Filing Information**

**Document Number** L16000150673  
**FE/ EIN Number** NONE  
**Date Filed** 08/11/2016  
**Effective Date** 08/12/2016  
**State** FL  
**Status** ACTIVE

**Principal Address**

481 SW PORT ST. LUCIE BLVD  
PORT ST. LUCIE, FL 34953

**Mailing Address**

481 SW PORT ST. LUCIE BLVD  
PORT ST. LUCIE, FL 34953

**Registered Agent Name & Address**

ECONOMYS, PETER  
481 SW PORT ST. LUCIE BLVD  
PORT ST. LUCIE, FL 34953

**Authorized Person(s) Detail****Name & Address**

Title MGR

ECONOMYS, PETER  
481 SW PORT ST. LUCIE BLVD  
PORT ST. LUCIE, FL 34953

Title AMBR

ZAKHARY, ALFRED *Albert*  
8750 THORNBROOK TERRACE POINT  
BOYNTON BEACH, FL 33473

**Annual Reports****No Annual Reports Filed****Document Images**

08/11/2016 -- Florida Limited Liability

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STATE OF FLORIDA  
CLERK OF CIRCUIT COURT  
16 AUG 23 PM 11:08