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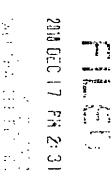
| (F                     | Requestor's Name)       |  |
|------------------------|-------------------------|--|
| ( <i>f</i>             | Address)                |  |
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| (0                     | City/State/Zip/Phone #) |  |
| PICK-UP                | ☐ WAIT ☐ MAIL           |  |
| (E                     | Business Entity Name)   |  |
| (Document Number)      |                         |  |
| Certified Copies       | Certificates of Status  |  |
| Special Instructions t | o Filing Officer:       |  |
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## **COVER LETTER**

| Division of Co              | rporations                                      |   |                       |             |                 |
|-----------------------------|---|---|-----------------------|-------------|-----------------|
| PPMT Stra                   | ategic Group LLC                                |   |                       |             | •               |
| SUBJECT:                    | Name of Lin                                     | ited Liability Company  | <del>.</del>          |             |                 |
| The enclosed Articles of    | Amendment and fee(s) are sub                    | mitted for filing.  |                       |             |                 |
| Please return all correspo  | ondence concerning this matter                  | to the following:   |                       |             |                 |
|                             | Stanley Mandel                                  |   |                       |             |                 |
|                             |   | Name of Person  |                       |             |                 |
|                             | PPMT Strategic Group LL                         | C   |                       |             |                 |
|                             | -   | Firm/Company  | _                     |             |                 |
|                             | 16201 SW 95th Ave Suite                         | 104   |                       |             |                 |
|                             |   | Address   |                       |             |                 |
|                             | Miami, FL. 33157                                |   |                       |             |                 |
|                             |   | City/State and Zip Code   |                       |             |                 |
|                             | smandel@profitplannersmg                        |   |                       | 201         | ESIL ve         |
|                             | E-mail address: (                               | to be used for future annual report i                               | notification)         | - E         | -}              |
| For further information of  | concerning this matter, please co               | all:  |                       | · C         | وَ الْمُ        |
| Stanley Mandel              |   | 305 232-2931  |                       | 7 PK        | <u>.</u>        |
| Name o                      | f Person  |   | time Telephone Number | ?: 3        | <u>.</u> •• ••• |
| Enclosed is a check for the | he following amount:                            |   |                       |             |                 |
| ■ \$25.00 Filing Fee        | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C           | of Status & |                 |
|                             |   |   |                       |             |                 |

MAILING ADDRESS:

**Registration Section** 

TO:

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

| PPMT STRATEGIC GROUP LLC   | <u> </u>   |
|--|--|
| (Name of the Limited Liability Company as it now app<br>(A Florida Limited Liability Company   | ears on our records.)<br>y)                      |
| The Articles of Organization for this Limited Liability Company were filed on  | 08/23/16 and assigned                            |
| Florida document number L16000156715   |  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liability company   | <u>here</u> :                                    |
| he new name must be distinguishable and contain the words "Limited Liability Company," th  | e designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |
| Principal office address MUST BE A STREET ADDRESS)   |  |
|  | )h. []   |
|  |  |
| Enter new mailing address, if applicable:  |  |
| Mailing address MAY BE A POST OFFICE BOX)  | -a (1)   |
| Muning duaress MAT BE AT OST OTTICE BOXY   | 2  |
|  |  |
| B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:   | on our records, enter the name of the            |
| Name of New Registered Agent:  |  |
| New Registered Office Address:  Enter of the Property of the P | Florida street address                           |
|  | Elovido  |
| City   | , Florida<br>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

leamending 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>                                 | Type of Action |
|--------------|--------------------------------|--|----------------|
| AMBR         | Profit Planners Management Inc | 16201 SW 95th Ave Suite 104<br>Miami, FL 33157 | Add            |
|              |                                |  | ■ Remove       |
|              |                                | <u></u>  | Change         |
| AMBR         | Wesley Ramjeet                 | 1001 Avenue of the Americas. 2nd Floor         | ■ Add          |
|              |                                | <del></del>                                    | ☐ Remove       |
|              |                                |  | Change         |
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| Time of the control of the   | December 11, 2018                           |   |
| (If an effective date is listed, the date mu<br>Note: If the date inserted in this b<br>document's effective date on the E | lock does not meet the applicable statutor  | (optional) ng or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) ry filing requirements, this date will not be listed as the |
| the record specifies a delaye<br>) The 90th day after the rec  |   | tive time, at 12:01 a.m. on the earlier of:   |
| Dated December 11  | 2018  |   |
| (1 0)  | h   |   |
| Slong  | Signature of a member or authorized represe |   |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00