

**L16000174098**

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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

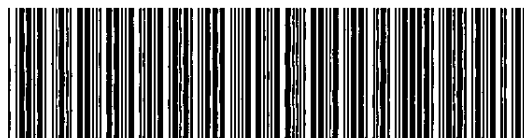
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 OCT 20 P 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S Warren**

**OCT 20 2016**



October 17, 2016

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: P & M Investments Group, LLC.  
Amendment to Articles of Organization

Dear Sir/Madam:

Enclosed herewith please find check number 1163 in the amount of \$60 to file the attached amendment for the above-referenced corporation. Please forward us the certificate of status and a certified copy of same. Thank you for your attention to this matter.

Please call us with any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to be "Chelin V. Sampedro", is written over the typed name. The signature is fluid and cursive, with a large loop at the end.

Chelin V. Sampedro, Esq.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: P & M INVESTMENTS GROUP, 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:

CHELIN V. SAMPEDRO, ESQ.

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

CONTINENTAL TITLE & CLOSINGS, INC.

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

2655 LEJEUNE ROAD, SUITE 312

\_\_\_\_\_  
Address

CORAL GABLES, FLORIDA 33134

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

CSAMPEDRO@CONTINENTALTITLE.COM

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

For further information concerning this matter, please call:

CHELIN V. SAMPEDRO

305 271-5252  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

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

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**

P & M INVESTMENTS GROUP, 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 September 16, 2016 and assigned Florida document number L16000174098.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

n/a

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:**

n/a

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

n/a

**(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:

n/a

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>
MGR	JUAN PEREZ	19521 NE 22 ROAD	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL	<input checked="" type="checkbox"/> Remove
		33179	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 2018 OCT 20 P 3 28  
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 TALLAHASSEE, FLORIDA

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

n/a

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

10/16/16

Signature of a member or authorized representative of a member

CARLOS MOSQUERA, MANAGER

Typed or printed name of signee

2016 OCT 20 P 3 28  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED