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COVER LETTER

1717 (31011 OF C	orporations								
SUBJECT: Percy Av	etrani LLC								
Name of Limited Liability Company									
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing							
	oundence concerning this matter	_							
	Percy Avetrani								
	Avetrani Financial	Name of Person							
	201 Alhambra Circle, Suit	Firm/Company se 703							
	Coral Gables, FL 33134	Address							
	percy.avetrani@nm.com	City/State and Zip Code							
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notifiall:	fication)						
Percy Avetrani		786 877-1199							
Name	of Person	at () Area Code Daytime	Telephone Number						
inclosed is a check for i	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:

TO:

Registration Section

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



Percy Avetrani 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 v	vere filed on 12/19/2016	and assigned		
Florida document number L16000228827				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
PMDJ, LLC				
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbr	reviation "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 here: Name of New Registered Agent: New Registered Office Address:		ne name of the new		
Finter Florida street address				
	Florida			
	, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am fai ovided for in Chapter 605, F.S. Or. if	niliar with and this document is		

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** □ Add __□ Remove _ Change _□ Add ☐ Remove _□ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change □ Add ☐ Remove

_□ Change

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Note: If the date in:	ther than the date of sted, the date must be spec serted in this block does e date on the Departme	s not meet the appli-	cable statutory filing i	(optional) e than 90 days after filing requirements, this date	.) Pursuant to 605.0207 (3 will not be listed as th
the record specifi) The 90th day a	es a delayed effect after the record is	tive date, but no filed.	ot an effective tin	ne, at 12:01 a.m.	on the earlier of:
Dated NOVEM	1561 15	2018	·		
		200	·		_
	Signatur	re of a member or auth	norized representative of	a member	

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Filing Fee: \$25.00