Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220002156013)))



H220002158013ABCT

Note: DO NOT hit the REFRESH/RELOAD botton on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TORRES LAW, P.A. Account Number : 120220000002

: (754)300-5815 Fax Number ; (305)647-6407

Fnter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: BToledo@PMPInternationalGroup.com

1:58

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PMP INTERNATIONAL, LLC

| \$25.00 |
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| 0 |
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T. LEMIEUX JUN 23 2022

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COVER LETTER

fax audit number: (305) 647-6407

| TO: Registration Sec Division of Corp | | 1 | <i>!</i> |
|--|---|---|---|
| PMP International PMP Internat | ational d 1.C | | |
| SUBJECT:; | Name of Limit | ed Liability Company | |
| The enclosed Articles of a | Amendment and fee(s) are subn | nitted for filing. | |
| Please return all correspo | ndence concerning this matter to | o the following: | |
| | Osvaldo F. Torres, Esq. | | |
| | | Name of Person | |
| | Torres Law, P.A. | | |
| | | Firm/Company | |
| | 888 Southeast Third Avenu | e. Sulte 400 | |
| | | Address | |
| | Fort Lauderdale, Florida 33 | 316 | |
| | ozzie@torreslaw.net | City/State and Zip Code | |
| | • | o be used for future annual report notific | ation) |
| For further information c | oncerning this matter, please ca | 11: | |
| Osvaldo F. Torres | | 754 300-5815 at () Area CodeDaytime : | Felephone Number |
| Name o | f Person | Area Code Daytime | l'elephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

06/22/22 01:24PM EDT Torres Law, P.A. -> Division of Corporations 8506176383 Pg 4/6

fax audit number: (305) 647-6407

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

| PMP International, LLC | | | | |
|---|---|--|-------------------------|----------|
| (Name of the Limit | ted Liability Compa (Α Florida Limited I | n) as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited L Florida document number <u>L17000032296</u> | iability Company | were filed on February 9, 2017 | and assi | gned |
| This amendment is submitted to amend the foll | owing: | | | |
| A. If amending name, <u>enter the new name o</u> | f the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the v | vords "Limited Liabi | lity Company," the designation "LLC" or | r the abbreviation "L.L | C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 5606 PGA Boulevard | | |
| | | Suite 211 | | |
| | | Palm Beach Gardens, Florida 334 | 18 | |
| Enter new mailing address, if applicable: | | 5606 PGA Boulevard | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Suite 211 | | |
| | | Palm Beach Gardens, Florida 33418 | | |
| B. If amending the registered agent and/or agent and/or the new registered office addra | registered office ess here: | address on our records, <u>enter th</u> | e name of the new | register |
| Name of New Registered Agent: | Beatriz Fajardo | o Toledo | 55% 3 | |
| New Registered Office Address: | 626 Sixth Terr | | 934 N | |
| | | Enter Florida street address | OF S | |
| | Palm Beach G | , FIOLI | | , 0 g |
| | | City: | 空戸 示 Zip Code | آسيا |

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

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fax audit number: (305) 647-6407 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 |
|--------------|------------------------|---------------------------------------|----------------|
| MGR | Beatri∠ F. Toledo | 888 Southeast Third Avenue, Suite 400 | |
| | | Fort Lauderdale, Florida 33316 | ■Remove |
| | | | □Change |
| MGR | Beatriz Fajardo Toledo | 626 Sixth Terrace | = Add |
| | | Palm Beach Gardens, Florida 33418 | □ Remove |
| | | | □Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | □Add |
| | | | □ Remove |
| | | | □Change |
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| | | | □ Remove |
| | | | □ Chance |

06/22/22 01:24PM EDT Torres Law, P.A. -> Division of Corporations 8506176383 Pg 6/6 fax audit number: (305) 647-6407

| F. 0* | (ontional) |
|---------|---|
| Note | ctive date, if other than the date of filing: |
| he reco | ord 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 filed. |
| Date | June 21 |
| | Signment on a member or authorized representative of a member |
| | Beatriz Fajardo Toledo |

Filing Fee: \$25.00