

L700119261 Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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**LLC AMND/RESTATE/CORRECT OR
 M/MG RESIGN
 PMA CONSULTING SERVICES, LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PMA CONSULTING SERVICES, 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:

Mark Brown, Esq.

Name of Person

Comiter, Singer, Baseman & Braun, LLP

Firm/Company

3801 PGA Boulevard, Suite 604

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

mbrown@comitersinger.com

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

For further information concerning this matter, please call:

Mark Brown, Esq.

561

626-2101

Name of Person

at (

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

(((H19000333908 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H19000333908 3)))

PMA CONSULTING SERVICES, 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 05/21/2017 and assigned
Florida document number L17000119261

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**)

1314 East Las Olas Boulevard

#1111

Fort Lauderdale, FL 33301

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1314 East Las Olas Boulevard

#1111

Fort Lauderdale, FL 33301

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:

Good Intentions Management, LLC

New Registered Office Address:

1314 East Las Olas Boulevard, #1111

Enter Florida street address

Fort Lauderdale

Florida 33301

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	ROBERT T CASTRO FAMILY TRUST	8800 NW 78th Court.	<input type="checkbox"/> Add
		Tamarac, FL 33321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GOOD INTENTIONS MANAGEMENT, LLC	1314 East Las Olas Boulevard	<input checked="" type="checkbox"/> Add
		#1111	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33301	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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.

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

Dated

11/13/2019
Signature of a member or authorized

Signature of a member or authorized representative of a member

Sofia C. Castro, as Member

Typed or printed name of signee