## L17000166162

(Requestor's Name)
(Address)
(Address)
• ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

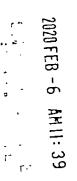
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S TALLENT



Jund



January 27, 2020

FATME KHALIFE PMCE LLC 2330 NW 102 ND PL DORAL, FL 33172

SUBJECT: PMCE LLC

Ref. Number: L17000166162

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 920A00001909

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www.sunbiz.org

## **COVER LETTER**

Tallahassee, FL 32314

TO:

FO: Registration Se Division of Cor			
	Pnce	110-	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
rease return an converge			
		Fatre Khalife Name of Person	
		Name of Person	
		PNCE LLC Firm/Company	
		Firm/Company	
	195	70 NW 179th Ave	ste 108
		City/State and Zip Code	185
		City/State and Zip Code	
	E-mail address: (	To Fo O O a Sae C. Co	ification)
For further information c	oncerning this matter, please ca		·
or turner miorisation e	oncerning this matter, prease ex	****	
		at () Area Code Daytin	ne Telephone Number
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	- -		_
□ \$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 Addres		Street Address:	
Registration		Registration Se Division of Co	
Division of C		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRCE.	LLC				
(Name of the Limited Liability Compa (A Florida Limited)	<mark>nny as it now appe</mark> Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability Company Plorida document number	were filed on _	8/3/2017	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited liab</u>	oility company l	<u>nere</u> :			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:			2020		
Principal office address MUST BE A STREET ADDRESS)			- TH - TH		
			, , , , , , , , , , , , , , , , , , , ,		
			- (il		
Enter new mailing address, if applicable:			· E J		
(Mailing address MAY BE A POST OFFICE BOX)			· ···································		
			rii		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, <u>enter the n</u>	ame of the new register		
Name of New Registered Agent:	<u> </u>				
New Registered Office Address:	Entar El	avida atreat address			
	Enter Florida street address				
<del></del>		Florida	Zip Code		
	City		zip Coae		
New Registered Agent's Signature, if changing Registered Agent:	-				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete					

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>	Address	Type of Action
AMB	Mo Hteit	2330 NW 102nd PL Doral, PL 33172	□Add
		Doral, PL 33172	🌠 Remove
			□ Change
			□Remove
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			□Add
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(If an effective Note: If t	date, if other than we date is listed, the dat he date inserted in the 's effective date on t	te must be specifi his block does i	ic and cannot be not meet the ar	oplicable statutor	ng or more than 90 c y filing requireme	_ (optional) lays after filing.) Pure ents, this date will	suant to 605.0207 (3 not be listed as th
he record spord is filed.	occifies a delayed off	fective date, bu	t not an effecti	ve time, at 12:01	a.m. on the earli	er of: (b) The 90	th day after the
Dated	1/3//2	710	_·	·			
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		Cianatura	of a mambas as	authorized corec-	ntative of a manka		