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DIVISION OF CORPORATIONS

N COOPER. MAY 2 2 2018

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	PMB Seconomic Name of Limit	or 11/25 USA LL ed Liability Company	<u>.C</u>
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	G	REG What la	
	PME	Securities C	SA LLC
	1314 ELF	15 OLDS BUID	130
	Fe Lawde	City-State and Zip Code	33301
		be used for future annual report notificat	
For further information con	cerning this matter, please ca	n:	
GREG Name of P	Person Washing	at (S4) Area Code Daytime Te	280% lephone 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) (bility Company)		
The Articles of Organization for this Limited Liability Company w	ere filed on $3/19/2019$ and ass	igned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L	.IC."	_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		18 KAY	SECRE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		21 AN 8442	ARY OF STATE
B. If amending the registered agent and/or registered office address here:	ice address on our records, enter the name	of the	new
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address		_
	Florida 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>	Name	<u>Address</u>	Type of Action
AMBR	Christine Smith	134 ELASOLAS BIVS*13 Felanderdale FL 3330	⊃≱ Add
		Fe Landerdale FL 3330	?_ ☐ Remove
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ť an i	ctive date, if other than the date of filing:	int to 605.020
Note	2 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records.	it be listed a
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Page 3 of 3

Filing Fee: \$25.00