

L180000146109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

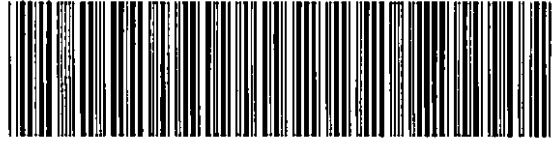
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

7/30

Office Use Only



300315147113

05/22/18--01015--022 ++25.00

18 JUL 30 PM 3:57

1:16 - 9 20:8

05.14.2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2018

JERRY DEZARD
1401 VILLAGE BLVD APT 2011
WEST PALM BEACH, FL 33409

SUBJECT: PROFICIENT PMD LLC

We have received your document for PROFICIENT PMD LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Document number you provided doesn't match sunbiz.org records, please provide correct document number.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 318A00013566

RECEIVED
2018 JUL 30 PM 1:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2018

JERRY DEZARD
1401 VILLAGE BLVD APT 2011
WEST PALM BEACH, FL 33409

We have received your document for and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide document # on page 1 of 3. Also on page 3 of 3 please type or print name of signee.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 318A00013566

40

VEI
PH12:23
2018 JUL 10
F OF ST
INFORM
E. FLO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Proficient P.M.D LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing. *document # 000 314664510*

Please return all correspondence concerning this matter to the following:

JERRY DEZARD
Name of Person
Proficient P.M.D LLC
Firm/Company
1401 Village Blvd Apt 2011
Address
West Palm Beach FL 33409
City/State and Zip Code
jerryd3636@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerry Dezard at (561) 720-5208
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Proficient Plumbing LLC
Proficient P.M.D. 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 6/13/2018 and assigned

Florida document number 000314664510

L18000146109

This amendment is submitted to amend the following:

Proficient P.M.D. LLC

A. If amending name, enter the new name of the limited liability company here:

Proficient P.M.D. LLC

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)

433 PLAZA REAL Suite 275
BOCA RATON FL
33432

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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jerry Dezard

New Registered Office Address:

433 PLAZA REAL Suite 275

Enter Florida street address

Boca Raton

City

Florida

33432

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.

Jerry Dezard

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

document # ~~000 314 664510~~
L180001-16109

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jerry Dezard	433 Plaza Real suite 275	<input checked="" type="checkbox"/> Add
		Boke Raton, FL	<input type="checkbox"/> Remove
		33432	<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
			<input type="checkbox"/> Add
			<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.)

document # ~~000314664510~~

L18000146109

This is the document I filled out in order to make a correction to the name of my business. The document number provided (L18000146109) is the one related to "Proficient Plumbing LLC". The change I am making to the name is, PROFICIENT P.M.D., LLC.

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.

If the record 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 record is filed.

Dated 07/27/2018.

Jerry Dezard

Signature of a member or authorized representative of a member

Jerry Dezard

Typed or printed name of signer

18 JUL 30 PM 3:52