## U8000146109

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| PICK-UP                   | ☐ WAIT            | MAIL      |
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| Certified Copies          | Certificates      | of Status |
| Special Instructions to F | Filing Officer:   | ·         |
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Office Use Only



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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



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

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Proficient P. M. D. L. C.  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  |
| JERRY DEZARD  Name of Person  Proficient P.M.D.L.C  Firm/Company  |
| 1401 VIII Age Blvd Apt 2011   |
| West Palm Beach FL 33 409 City/State and Zip Code   |
| Devryd 3634 Egmu. L. Com  E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Jerry Dezerrol at 561, 720-5208  Name of Person Area Code Daytime Telephone Number  |
| ryame of Person Area Code Daytime receptione Number   |
| Enclosed is a check for the following amount:   |
| □ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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

| · <del>-</del>   |   | GANIZATIO                                       |                    | ₹*                | ري:<br>اين        |
|--|---|---|--------------------|-------------------|-------------------|
| Va Licia   | ~ T   | PL umb  | $C_{\perp}$        | LL'C              | 30                |
| (Name of the Limited   | Lizbility Company :<br>Florida Limited Liab | <u>as it now appears on (</u><br>olity Company) | our records.       | *1                | , رې              |
| The Articles of Organization for this Limited Liab   | oility Company we                           | ere filed on 6                                  | /13/20             | 18 and as         | ්<br>්<br>ssigned |
| Florida document number 0003 1466 L18000 146 This amendment is submitted to amend the follow | 6109  |   |                    |                   | 2M.D. I           |
| A. If amending name, enter the new name of the   | <u>ne limited liabilit</u>                  | v company here:                                 | Profic             | ient              | P.m.C             |
| The new name must be distinguishable and contain the word                                    | ls "Limited Liability                       | Company," the designa                           | ation "LLC" or the | e abbreviation "I | IC."              |
| Enter new principal offices address, if applicab   | le: _                                       | 433   |                    |                   | Suite.            |
| (Principal office address MUST BE A STREET.  | <u>ADDRESS)</u>                             | BUCA 1  | 2 ATOM             | 1-                |                   |
|  | -   |   | 33437              | 2                 |                   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO          | -<br><u>)X)</u>                             |   |                    |                   |                   |
| B. If amending the registered agent and/or registered agent and/or the new registered office |   | e address on our                                | records, ent       | er the name       | of the new        |
| Name of New Registered Agent:  New Registered Office Address:                                | <u>Jer</u><br>433                           | ry Dez<br>Plaza                                 | REAL               | Suite             | <del></del>       |
| THE TANGETTE OF THE PARTY OF   |   | Enter Florida st                                | reet address       | ······            | <del></del>       |
|  | Buch  | Ratun   | , Florida          | 33°               | 132               |

## 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.

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: document # 000 314 664510 MGR = Manager AMBR = Authorized Member Address Type of Action
433 Plaza REAL SUR MAND **Title** <u>Name</u> MGR Jerry Dezard Bock Raton, FL \_ Remove 33432 \_\_\_\_\_ Change \_ 🖸 Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Remove Change □ Remove \_ Change ☐ Remove □ Change

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Filing Fee: \$25.00