## 118000263182

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

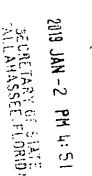




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## **COVER LETTER**

TO: Registration Section Division of Corporations  PPMG ENTERPRISES, 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:  JOSEPH P DAVIS CPA  Name of Person  PPMG ENTERPRISES, LLC  Firm/Company	,
Please return all correspondence concerning this matter to the following:  JOSEPH P DAVIS CPA  Name of Person  PPMG ENTERPRISES, LLC	
Please return all correspondence concerning this matter to the following:  JOSEPH P DAVIS CPA  Name of Person  PPMG ENTERPRISES, LLC	2 8
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Name of Person PPMG ENTERPRISES, LLC	5.
PPMG ENTERPRISES, LLC	
Firm/Company	
601 21ST STREET SUITE 401	
Address	
VERO BEACH, FL 32960	
City/State and Zip Code	
JOSEPH.DAVIS@TAXSAVINGPROS.COM  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
JOSEPH P DAVIS CPA 772 257-7945	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee.  Certificate of Status &  Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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**

ARTICLES OF	· · · · · · · · · · · · · · · · · · ·
	ORGANIZATION
	OF The state of th
	Service Control of the Control of th
PPMG ENTERPRISES, LLC	
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 11/13/18 and assigned
Florida document number L18000263182	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	outv company nere:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	office address on our records, enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Elonia .
	Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>

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>	Address	Type of Action
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Effective	e date, if other th	an the date of	01/01/18 filing:		(optional)	
l'an effec	nive date is listed, the	date must be speci	fie and cannot be prio	r to date of filing or mor	(optional)	suant to 605,0207
	t the date inserted in nt's effective date o				equirements, this date will	not be listed as
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ie reco	ord specifies a d	elaved effect	ive date, but n	ot an effective tin	ne, at 12:01 a.m. on	the earlier of
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00