

L19 000018588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

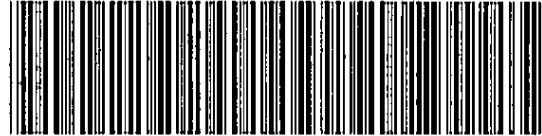
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TALLAHASSEE, FL

SEP 16 2019
C KIRK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PMC NOZAKI SERVICES 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:

MARILYN CHRISTINA CESTARI NOZAKI

Name of Person

PMC NOZAKI SERVICES LLC

Firm/Company

16950 N BAY ROAD, # 612

Address

SUNNY ISLANDS/ FL / 33160

City/State and Zip Code

marilynnozaki@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARILYN CHRISTINA CESTARI NOZAKI

305 3163716
at ()

Name of Person

Area Code

Daytime Telephone 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**

PMC NOZAKI SERVICES 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 01/16/2019 and assigned
Florida document number L19000018588.

This amendment is submitted to amend the following:

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

PMC GROUP SERVICES 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:

16950 N BAY ROAD, # 612, SUNNY ISLANDS/ FL / 33160

(Principal office address MUST BE A STREET ADDRESS)

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:

MARILYN CHRISTINA CESTARI NOZAKI

New Registered Office Address:

16950 N BAY ROAD, # 612

Enter Florida street address

SUNNY ISLANDS

City

Florida 33160

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANDRE KIYOSHI DE NOZAKI		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		16950 N BAY ROAD, APT 612, SUNNY ISLANDS, FL 3316	<input checked="" type="checkbox"/> Change
MGR	MARILYN CHRISTINA CESTARI NOZAKI		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		16950 N BAY ROAD, APT 612, SUNNY ISLANDS, FL 3316	<input checked="" type="checkbox"/> Change
MGR	OSCAR JAVIER CABEZA ACEVEDO	1803 BANKS RD, MARGATE, FL 33063	<input checked="" 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
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			<input type="checkbox"/> Change

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(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)

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.

2019

Signature of a member or authorized representative of a member

MARILYN CHRISTINA CESTARI NOZAKI

Typed or printed name of signee