L19000018588

(Red	questor's Name)	
(Add	iress)	
(Add	dress)	
(City	//State/Zip/Phone	: #)
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	gistration Se vision of Cor			
eum meer.		UP SERVICES LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Marilyn Christina Cestari l	Nozaki	
			Name of Person	
		PMC Group Sevices LLC		
			Firm/Company	
		800 SE 4th Ave, suite 126		
		Hallandale Beach, Florida 3,		
			City/State and Zip Code	
		mnozaki@pmccorporation.c	com to be used for future annual report noti	(Continue)
For further	information c	oncerning this matter, please c		meanou)
Marilyn Ch	ristina Cestar	i Nozaki	at (<u>786</u>) <u>920 4489</u> Area Code Daytime Te	
	Name o	f Person	Area Code — Daytime Te	lephone Number
Enclosed is	a check for ti	ne following amount:		
■ \$25.00	Filing Fee	S30.00 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)
	ailing Addres		<u>Street Address:</u> Registration Se	ection
Di	vision of C	Corporations	Division of Cor	rporations
	O. Box 632		The Centre of T	
16	illahassee, l	mに 54514	Z415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PMC Group Services LLC		/	
(Name of the Limited Liability (A Florida L	Company as it now appears or imited Liability Company)	our records.)	· :
The Articles of Organization for this Limited Liability Cor Florida document number L19000018588	mpany were filed on $\frac{01/16}{2}$.		_ and assigned
This amendment is submitted to amend the following:		•	•
A. If amending name, enter the new name of the limite	d liability company here:	÷	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	·		
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
			7020 DEC
Enter new mailing address, if applicable:		•	
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>	<u> </u>
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our recor	ds, enter the name o	f the nevPegister
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	Enter Florida s	treet address	
	City	, Florida	Cr. Ci I
New Registered Agent's Signature, if changing Registered A	Ť		Zip Code
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this capa plete performance of my n as provided for in Chap	duties, and 1 am fand oter 605, F.S. Or, if t	iliar with and his document is

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>	Type of Action
MGR	Oscar Javier Cabeza Acevedo		🗆 Add
		1803 Banks Rd, Margate, FL 33063	■Remove
			□Change
			□Add
			Change
			Change Change Change Change Change Change
			Promote
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fective date, if other than the date of fineffective date is listed, the date must be specificate: If the date inserted in this block does recument's effective date on the Department	c and cannot be prior to not meet the applica	o date of filing or mo	(option re than 90 days after for requirements, this o	ling.) Pursuant to 605.02
ecord specifies a delayed effective date, but is filed.	not an effective tin	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after th
tedtuly 01	2020			
ICU		- ·		
6	of a meraber or author		C	

Filing Fee: \$25.00