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FI RRUCE SEP 11 2021 TO: **Registration Section Division of Corporations** PMC GROUP SERVICES SUBJECT: 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 GROUP SERVICES LLC Firm/Company 20225 NE 16 PI Address MIAMI/FL/33179 City/State and Zip Code marilynnozaki@icloud.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 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status 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 Address:**

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION **OF**

PMC GROUP 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 $\frac{01/16/2019}{L19000018588}$						
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>e</u> :			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L			
Enter new principal offices address, if applicable:		20225 NE 16 PI				
(Principal office address MUST BE A STREE		MIAMI, FL				
Trinopal office and cos in cost Basings	77 1100110007	33179				
Enter new mailing address, if applicable:			2021 AUG			
(Mailing address MAY BE A POST OFFICE		30 SS 1 P				
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ss here:	address on our rec	ords, enter the name of the new			
Name of New Registered Agent:	MARILYN CHRISTINA CESTARI NOZAKI					
New Registered Office Address:	20225 NE 16 P	1				
		Enter Florid	a street address			
	MIAMI		, Florida 33179			
		City	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 compl provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documents 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, S gnature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
MGR	ELDER MICHAEL J	20225 NE 16 PI	= Add
		MIAMI/FL	□Remov
		33179	□Chang
MGR	ANDRE K NOZAKI	20225 NE 16 PI	
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be price. Note: If the date inserted in this block does not meet the appli document's effective date on the Department of State's record.	icable statute	ling or more than ory filing requir	(optio 90 days after ements, this	filing.) Pur	suant to not be
e record specifies a delayed effective date, but not an effective ord is filed.	time, at 12:0	01 a.m. on the e	arlier of: (b)) The 90	th day
Dated AUGUST 25 2021	_·				
Signature of a member or auti	horized repre	sentative of a men	pber		
MARILYN CHRISTINA CESTARI NOZAKI	\wedge	11	•		
	nted name of				