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(Requestor's Name)	
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Div	ision of Co	rporations			
SUBJECT:		GROUP LLC			
JOBS ECT.		Name of Lir	nited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sul	omitted for filing.		
		ondence concerning this matter			
		THERESA CHERY			
	Name of Person				
			Firm/Company	<u></u>	
		11995 SOUTHERN BLV	D		
			Address	·	
		ROYAL PALM BEACH,	FL 33411		ime Telephone Number \$60.00 Filing Fee,
			City/State and Zip Code		
	_			eport notificati	on)
For further in	formation c	oncerning this matter, please c	all:		
Theresa Che	ry		786 908 at ()	37164	
	Name o	f Person		Daytime Tel	ephone Number
Enclosed is a	check for th	ne following amount:			
\$25.00 Fi	iling 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)
	ing Addres istration S		<u>Street Ad</u> Registra	dress: tion Section	n.
Divi	ision of C	orporations		of Corpora	
P.O.	. Box 632	7		tre of Talla	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PJM USA GROUP ELC

2024 DEC -5 AM 8: 30

(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 01/22/2019 TALLAHASSE Florida document number ______119000022914 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (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: New Registered Office Address: Enter Florida street address __, Florida ___

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 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
AMBR	JEANTY PHARA	11995 SOUTHERN BLVD, ROYAL PALM BCH	🗆 Add
			Remove
			Change
AMBR	DORVILUS MURIELLE		Add
			Remove
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- A	e date, if other that tive date is listed, the date the date inserted in t	ite must be specific	and cannot be pr of meet the app	dicable statutory	or more than 90 day:	optional) safter filing.) Pur s. this date will	rsuant to 6 not be l	605.0207 listed as t
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