## L190000464444

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Coomson Limity Herric)                 |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|   |

Office Use Only



300418933523

11/15/23--01012--006 \*\*25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Name of the Limited Liability Company as it no (A Florida Limited Liability Co  | w appears on our records.) impany)                         |
|---|--|
| The Articles of Organization for this Limited Liability Company were filed Florida document number L19000046444             | d on 02/15/2019 and assigned                               |
| This amendment is submitted to amend the following:   | ·  |
| A. If amending name, enter the new name of the limited liability com  | pany here:   |
| PPM Actions LLC   |  |
| The new name must be distinguishable and contain the words "Limited Liability Compar  | ny," the designation "LLC" or the abbreviation "L.L.C."    |
| Enter new principal offices address, if applicable:   | 200  |
| (Principal office address MUST BE A STREET ADDRESS)   |  |
|   |  |
|   | . OI   |
| Enter new mailing address, if applicable:   | $\mathbb{R}$   |
| (Mailing address MAY BE A POST OFFICE BOX)  | 9  |
|   | . 6  |
| B. If amending the registered agent and/or registered office address o agent and/or the new registered office address here: | n our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  |  |
| E   | inter Florida street address                               |
|   | , Florida  |
| 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 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

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor  |  |   |  |  |  |
|---|--|---|--|--|--|
| O I I I I I I I I I I I I I I I I I I I | Pet Management LLC                           |   |  |  |  |
| SUBJECT:                                | Name of Lin                                  | nited Liability Company   |  |  |  |
| The enclosed Articles of                | Amendment and fee(s) are sub                 | omitted for filing.   |  |  |  |
| Please return all correspo              | ondence concerning this matter               | to the following:   |  |  |  |
|   | Hildegard Rieder                             |   |  |  |  |
|   |  | Name of Person  |  |  |  |
|   | Property & Pet Manageme                      | ent LLC   |  |  |  |
|   |  | Firm/Company  | <del></del>  |  |  |
|   | 3504 Pelican Blvd                            |   | 2023 KOV 15  |  |  |
|   |  | Address   |  |  |  |
|   | Cape Coral, FL, 33914                        |   | <u></u>  |  |  |
|   |  | City/State and Zip Code   | - "5   |  |  |
|   | PPM.Service@yahoo.com                        |   | ့ ယု   |  |  |
| Paragraph and the Comment of the        |  | to be used for future annual report noti                            | fication) 100  |  |  |
| For nittner information c               | oncerning this matter, please c              | au:   |  |  |  |
| Hildegard Rieder                        |  | 239 239-284-076   | 51   |  |  |
| Name o                                  | f Person                                     | Area Code Daytin  | e Telephone Number   |  |  |
| Enclosed is a check for the             | he following amount:                         |   |  |  |  |
| ■ \$25.00 Filing Fee                    | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |
| Mailing Addres Registration S           |  | Street Address:<br>Registration Se                                  | ction  |  |  |
| Division of Corporations                |  | Division of Corporations  |  |  |  |
| P.O. Box 632                            |  | The Centre of T   |  |  |  |
| Tallahassee, l                          | FL 32314                                     | 2415 N. Monro   | e Street, Suite 810  |  |  |

Tallahassee, FL 32303

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> | Name | Address     | Type of Action |
|--------------|------|-------------|----------------|
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| ote: If the date inser                | ner than the date of add, the date must be specificated in this block does date on the Department | not meet the applic                   | to date of filing or able statutory fili | opt<br>nore than 90 days aft<br>ag requirements, th | tional)<br>er filing.) Pu<br>nis date will | suant to 605.0<br>not be listed |
| record specifies a del<br>l is tiled. | layed effective date, bu  | ut not an effective t                 | ime, at 12:01 a.m                        | on the earlier of: (                                | (b) The 90                                 | )th day after t                 |
| ated                                  |   | · · · · · · · · · · · · · · · · · · · | ·  |   |  |                                 |
|                                       |   | of a member or auth                   |  |   |  |                                 |
|                                       | Signature   | of a menther or auth                  | ofized representative                    | e of a member                                       |  |                                 |

Filing Fee: \$25.00