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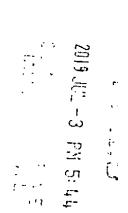
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COVER LETTER

TO:	Registration Se Division of Cor		•	* *
CLID IE	PMR Archi			
SUBJEC		Name of Limi	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Marlene Rett		
			Name of Person	
			Firm/Company	·
		14618 SW 18TH ST		
		Address		
		Miami, FL 33175		
			City/State and Zip Code	
		marlene@pmrarchitects.cor		
		E-mail address: (to be used for future annual report notific	cation)
For furth	ner information co	oncerning this matter, please ca	ali:	
Marlene	Rett		305 458-3002 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne 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:

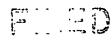
TO:

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 ORGANIZATION FILED **OF**



2019 JUL - 3 PN 5: 44

PMR Architects LLC			
(Name of the Limited (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	L.
The Articles of Organization for this Limited Liab Florida document number L19000126395	ility Company were filed on May	9, 2019	and assign
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company her	<u>'e</u> :	
PMR Architectural Group LLC			
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the des	signation "LLC" or the	abbreviation "L.L.C
Enter new principal offices address, if applicab	le:		<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, ente	r the name of
Name of New Registered Agent:			
New Registered Office Address:	,	1	
	enier Plorie	da street address	
		, Florida _	9 2 1
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Ac
			□ Add
			☐ Remov
			Change
			Add
			Remov
			Change
		-	
			□ Remove
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		····
ffective date, if other than the an effective date is listed, the date motors: If the date inserted in this ocument's effective date on the	block does not meet the applicable status	(optional) filing or more than 90 days after filing.) Pursuant to 6 tory filing requirements, this date will not be li
e record specifies a delay The 90th day after the re		ective time, at 12:01 a.m. on the ear
Dated June 26	. 2019	
Q Ma	Signature of a member or authorized repre	occutative of a manufact
l	Signature of a member of authorized repr	eschance of a memocr
Marlene Rett		
	Typed or printed name of	signee

D. If afficiently any other finormation, effect change(s) here. (Ander details ancess, if necessary)

Page 3 of 3

Filing Fee: \$25.00

Electronic Articles of Organization For Florida Limited Liability Company

L19000126395 FILED 8:00 AM May 09, 2019 Sec. Of State

Article I

The name of the Limited Liability Company is:

PMR ARCHITECTS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

100 SE 3RD AVENUE 10TH FLOOR FORT LAUDERDALE, FL. 33394

The mailing address of the Limited Liability Company is:

100 SE 3RD AVENUE 10TH FLOOR FORT LAUDERDALE, FL. 33394

Article III

Other provisions, if any:

ALL LAWFULL BUSINESS

Article IV

The name and Florida street address of the registered agent is:

MARLENE RETT 100 SE 3RD AVENUE 10TH FLOOR FORT LAUDERDALE, FL. 33394

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MARLENE RETT

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR MARLENE RETT 14618 SW 18TH STREET MIAMI, FL. 33175

Title: MGR ROLANDO PEREZ MENDEZ 5156 NW 74TH MNR COCONUT CREEK, FL. 33073

L19000126395 FILED 8:00 AM May 09, 2019 Sec. Of State

Article VI

The effective date for this Limited Liability Company shall be:

05/09/2019

Signature of member or an authorized representative

Electronic Signature: MARLENE RETT

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.