L19000141319

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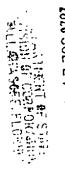
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S. YOUNG

COVER LETTER

FO: Registration Section Division of Corporati	ons		
SUBJECT: PMS VIII	a Investmen	AS LLC	
SUBJECT: <u>PT 13 V110</u>		d Liability Company	
The enclosed Articles of Amen	dment and fee(s) are subm	itted for filing.	
Please return all correspondenc	e concerning this matter to	the following:	
	Marino	Name of Person	
_	RMI VIlla	MULIT MENTS. Firm/Company	uc_
	8485 SW.	40 St. #301 Address	<u>. </u>
	Miami,	FL 33155 City/State and Zip Code	
	t-mail address: (to	be used for future annual report notifica	1. com
For further information concerr	ing this matter, please call	:	
Name of Perso	21es	at <u>780</u> <u>298 - 7</u> Area Code Daytime To	2-05 elephone Number
Enclosed is a check for the follo	owing 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: Registration Section	on	Street Address: Registration Section	on
Division of Come		Division of Como	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number L190001413 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 "LL.C." Enter new principal offices address, if applicable: (Principal office address <u>MUST BE</u> 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 Cuv

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

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
1GR	Marino Peyer	8485 JW 40 St #301	W∧dd
		Miami FL 33155	□Remove
		 	□Change
16R	siActe Reyes	8485 JW 40 A #30	☐Add
		MIami, FL 33155	Remove
			□Change
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	ve date, if other than the date of filing: (optional)
	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
record ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated .	July 1 . 2020.
	Signature of a member or authorized representative of a member