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PICK-UP WAIT MAIL
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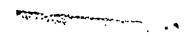
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## **COVER LETTER**

n Section Corporations	
Services LLC	
Name of Li	mited Liability Company
s of Amendment and fee(s) are su	abmitted for filing.
espondence concerning this matte	er to the following:
Jerry Oyler	
	Name of Person
PDMA Services LLC	
	Firm/Company
1307 S International Pkw	vy, Ste 2061
	Address
Lake Mary, Florida 3274	16-1414
	City/State and Zip Code
accounting.pnd@yahoo.co	
E-mail address: on concerning this matter, please	call:
	at () Area Code — Daytime Telephone Number
me of Person	Area Code Daytime Telephone Number
for the following amount:	
re □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
dress: on Section	Street Address: Registration Section
of Corporations	Division of Corporations
6327 ee. FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Services LLC  Name of Li  Sof Amendment and fee(s) are subspondence concerning this matter  Jerry Oyler  PDMA Services LLC  1307 S International Pky  Lake Mary. Florida 3274  accounting.pnd@yahoo.ee  E-mail address on concerning this matter, please  me of Person  for the following amount:  re

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PDMA 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 10/28/2019 and assigned Florida document number 1.19000269525 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 "LLC." 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

## 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> <u>Address</u>	Type of Action
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Lake Mary, Floric	da 32746-1414 ☐ Remove
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Filing Fee: \$25.00