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SECRETARY OF STATE TALLAHASSEE, FLORING

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COVER LETTER

TO:

	egistration Se ivision of Cor		;	
		EGIES LLC	,	·
SUBJECT	i:	Name of Limited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		PATRICK E DESHAW		
		***************************************	Name of Person	····
		PDSTATEGIES		
			Firm/Company	
		5899 SW 121 TER		
		- · · · · · · · · · · · · · · · · ·	Address	
		OCALA FLORIDA 3448	1	
			City/State and Zip Code	
		pedeshaw@comcast.net		and Country to the Country of the Co
For further	information c	e-mail address: (oncerning this matter, please c	to be used for future annual reportable:	rt notification)
	E DESHAW		717 940-19	951
	Name o	f Person	at () Area Code D	aytime Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	1ailing Addres		Street Addre Registration	
Registration Section Division of Corporations			Corporations	
	O. Box 632			of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PDSTRATEGIES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L19000299186 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: 120 (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 City

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Patrick E DeShaw	5899 SW 121 Ter, Ocala FI 34481	■Add
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Tective date, if other than the date of filing: Let 25 an effective date is listed, the date must be specific and cannot be prior to date ote: If the date inserted in this block does not meet the applicable socument's effective date on the Department of State's records.	of ming of more dian to			
record specifies a delayed effective date, but not an effective time, a is filed.	12:01 a.m. on the ear	lier of: (b) The 90	th day at	fter the
FEBRUARY 25 2020	, سه			

Filing Fee: \$25.00