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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 Phone : (407)425-7010

Fax Number : (407)425-2747

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Corporate@zkslawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIDNIGHT INVESTORS LLC

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COVER LETTER *

Division of Co			
Midnight I	nvestors LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following.	
	Erin Gray		
		Name of Person	
	Zimmerman Kiser & Sutel	iffe, PA.	
		Firm/Company	
	315 E. Robinson St., Suite	600	
		Address	
	Orlando, FL 32801		
		City/State and Zip Code	
	Corporate@zkslawfirm com		
	E-mail address. (t	o be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	11.	
Jamie L. Brown		407 425-7010 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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)
<u>Mailing Addres</u> Registration V		<u>Street Address:</u> Registration Sec	tion
Division of C	Corporations	Division of Corp	
P.O. Box 632	27	The Centre of Ta	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Midnight Investors LLC (Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records	,
The Articles of Organization for this Limited Liability Company villorida document number <u>L20000138019</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
PMF Midnight I LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		26 26 26 26 26 26 26 26 26 26 26 26 26 2
		<u> </u>
		ASS
Enter new mailing address, if applicable:		SEE SEE
(Mailing address MAY BE A POST OFFICE BOX)		PR D
		SK 😧
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	· v	'
I hereby accept the appointment as registered agent and agre	no to got in this connects. I fee	ther caree to comply with
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, an provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is

company has been notified in writing of this change.

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If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□ Change
		 	🗀 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
	-	-	
			□Remove
			☐ Change
		 	□Remove
			Change

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