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R. WHOTE DEC 1 2 2020

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PM DE tail + Suppy LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Fredrick Prince
Firm/Company
880 Hickory STREET
FORT PIERCE FLA. 34947 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytine Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

Registration Section V Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PM DEtail +	Supply L	LC - "
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on nited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L.26000121678</u>	pany were filed on	14 Ja20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited DEfailing the new name must be distinguishable and contain the works "Limited"		in "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRES.</u>	SOO H	CROPY STREET CRZELFLA 34947
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	5	am E
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:	San	18
New Registered Office Address:	Emer Florida si	treet address
		Florida
	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 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
	Same		
			□Remove
			□Change
			□Remove
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` Fffa	rtive date if other than the date of filing: (ontional)
(lfam s	ctive date, if other than the date of filing:
<u>Note</u> docu	If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the rec	ord 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
ecord is	
Date	10/27/2020 2020.
	July La Aria
	Signature of a member or authorized representative of a member
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	Typed or printed name of signee