

120000253828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

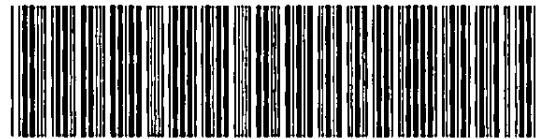
Special Instructions to Filing Officer:

J. HORNE

APR 29 2022

4/14

Office Use Only



700378304227

12/27/21--01030--016 **30.00

04/14/22--01020--023 **25.00

FILED

2022 APR 14 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



RECEIVED

FLORIDA DEPARTMENT OF STATE

Division of Corporations

2022 APR -7 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FL

January 10, 2022

PHYLISA DEVER
631 E OAK RIDGE RD
SUITE 2
ORLANDO, FL 32809 US

SUBJECT: PMD BOOKS LLC
Ref. Number: L20000253828

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

CANNOT INCLUDE ANY INFORMATION REGARDING THE DBA.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 522A00000688

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PMD Books 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:

Phylisa Dever

Name of Person

PMD Books LLC

Firm/Company

631 E. Oak Ridge Rd. STE#2

Address

Orlando, Florida 32809

City/State and Zip Code

pmd@drpmdbooks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phylisa Dever

407

808-7691

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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**

PMD Books 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 August 11, 2020

Florida document number L20000253828

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 "L.L.C."

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

_____, **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

FILED
2022 APR 14 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
MGR	Phylisa Dever	14025 Gold Bridge Drive	<input checked="" type="checkbox"/> Add
		Orlando, Fl. 32824	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joseph L. Dever Jr.	14025 Gold Bridge Drive	<input checked="" type="checkbox"/> Add
		Orlando, Fl. 32824	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shawnice Hurt	14025 Gold Bridge Drive	<input checked="" type="checkbox"/> Add
		Orlando, Fl. 32824	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Ownership percentage

Phylisa Dever 60%

Joseph L. Dever Jr. 20%

Shawnice Hurt ~~20%~~ 20% percent

E. Effective date, if other than the date of filing: January 1, 2022 **(optional)**

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated January 1, 2022



Signature of a member or authorized representative of a member

Phylisa Dever

Typed or printed name of signee