Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135 Phone : (305)789-3200 Fax Number : (305)789-4137

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

Email Address: lplotkin@propertymg.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 915 DIVISION EQUITY, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

915 DIVISION EOUITY, 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 April 13, 2021 and assigned Florida document number L21000171821 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PMG 915 Division Equity, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 1441 Brickell Avenue Enter new principal offices address, if applicable: Suite 1110 (Principal office address MUST BE A STREET ADDRESS) Miami, FL 33131 1441 Brickell Avenue Enter new mailing address, if applicable: Suite 1110 (Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33131 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

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>	Address	Type of Action
			🗀 Add
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C. Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	late of filing: be specific and cannot be prior to date of filing ok does not meet the applicable statutory partment of State's records.	(optional) or more than 90 days after filing.) Pursuar filing requirements, this date will not	nt to 605.0207 (3)(b t be listed as the
f the record specifies a delayed effective ecord is filed.	date, but not an effective time, at 12:01 a	.m. on the earlier of: (b) The 90th d	lay after the
Dated November 11	. 2021		
	lignature of a member or authorized represent	ative of a member	
Lowell Plotkin			
	Typed or printed name of signs	ee	

Filing Fee: \$25.00