Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H21000359660 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855) 498-5500 Fax Number : (800) 432-3622

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **PLSV LLC**

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

H21000359660

TO:	Registration Se Division of Con			
	PLSV LLC			
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	etum all correspo	ondence concerning this matter	to the following:	
		Alexis Hoover		
			Name of Person	
		Williams Mullen		
			Firm/Company	
		200 South 10th Street, Sui	te 1600	
			Address	
		Richmond, VA 23219		
			City/State and Zip Code	
		ahoover@williamsmullen.c	om to be used for future annual report noti	fication)
For furt	her information o	concerning this matter, please c	_	House
	Hoover	3	804 420-6342	
Alcxis		of Person		e Telephone Number
Enclose	d is a check for t	he following amount:		
□ \$2 5	5.00 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 Addre Registration Division of C	Section Corporations	Street Address: Registration Se Division of Co The Centre of T	porations
	P.O. Box 632 Tallahassee,	- :		e Street, Suite 810

H21000359660

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H21000359660

PLSV LLC	ny as it now annears on our records	
(Name of the Limited Liability Comps (A Florida Limited	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000406206</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
	5101 18th Ave E.	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Bradenton, FL 34208	
Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:	5101 18th Ave E.	_
(Mailing address MAY BE A POST OFFICE BOX)	Bradenton, FL 34208	
B. If amending the registered agent and/or registered office	address on our records, enter the na	me of the new register
B. If amending the registered agent and/or registered office	address on our records, enter the na	me of the new register
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		me of the new register
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the na	me of the new register
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address , Florida	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address, Florida City	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent	Enter Florida street address, Florida _ City	Zip Code
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	Zip Code gree to comply with t n familiar with and r, if this document is
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	Enter Florida street address	Zip Code gree to comply with t n familiar with and r, if this document is
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	Enter Florida street address	Zip Code Igree to comply with to familiar with and ir, if this document is limited liability
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	Enter Florida street address	Zip Code Igree to comply with to familiar with and r, if this document is limited liability

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 H21000359660

<u>Title</u>	Name	Address	Type of Action
AR	Wayne M Zell	11718 Bowman Green Drive, Suite 100	
		Reston, VA 20190	≅Remove
			Change
AR	Parisa Tabassian	200 South 10th Street, Suite 1600	= Add
		Richmond, VA 23219	□Remove
			[] Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			Change

is a menument any other taron man	tion, enter change(s) here: (Attach additional sheets,	3
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this ble document's effective date on the De	date of filing:	(optional) bys after filing.) Pursuant to 605.0207 (ints, this date will not be listed as the
he record specifies a delayed effective ord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
		γ _• ~>
Dated September 24	, 2021	201 SI
Dated September 24 Parisa Tabas	,,	图 SEP 24
Dated	mian	21 SEP 2

Filing Fee: \$25.00