

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 : 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

Certificate of Status	0
Certified Copy	1
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2021 SEP 24 PM 4: 53

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 SEP 24 PM 12: 57
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

H21000359660

**TO: Registration Section
Division of Corporations**

SUBJECT: PLSV 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:

Alexis Hoover

Name of Person

Williams Mullen

Firm/Company

200 South 10th Street, Suite 1600

Address

Richmond, VA 23219

City/State and Zip Code

ahoover@williamsmullen.com

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

For further information concerning this matter, please call:

Alexis Hoover

804 420-6342
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

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

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MGR - Manager
AMBR - Authorized Member

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

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

[illegible]

E. Effective date, if other than the date of filing: _____ (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 September 24, 2021

Parisa Tabassian

Signature of a member or authorized representative of a member

Parisa Tabassian

Typed or printed name of signee

FILED
2021 SEP 24 PM 12:57
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA

Filing Fee: \$25.00

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