Division of Corporations

L22000083228

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GOMES INSURANCE & ACCOUNTING CORP
Account Number : I20200000161
Phone : (954)531-1451
Fax Number : (954)697-0677

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

Email Address: Flavia@gomesins.com

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PM CLEAN LLC

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K. SALY

OCT 30 2024

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PM CLEAN 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:

PAULO GOMES
Name of Person

GOMES INSURANCE AND ACCOUNTING CORP
Firm Company

240 LOCK ROAD
Address

DEERFIELD BEACH, FL 33442
City/State and Zip Code

FLAVIA@GOMESINS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULO GOMES at (954) 880-1103
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

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TALLAHASSEE, FLORIDA

PM CLEAN 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 02/21/2022 and assigned Florida document number L22000083228.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ROYAL DEERFIELD BEACH CONSTRUCTION LLC

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)

900 CRYSTAL LAKE DR
APT 1C
POMPANO BEACH, FL 33064

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

900 CRYSTAL LAKE DR
APT 1C
POMPANO BEACH, FL 33064

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

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

Title	Name	Address	Type of Action
P	PRISCILLA FONTES MONTEIRO	123 SW 15TH ST	☐ Add
		DEERFIELD BEACH, FL 33441	■ Remove
			☐ Change
P	IURE RUAN D. DA SILVA BORG	900 CRYSTAL LAKE DR	■ Add
		APT 1C	☐ Remove
		POMPANO BEACH, FL 33064	☐ Change
VP	FELIPE CORREIA MENDONCA	900 CRYSTAL LAKE DR	■ Add
		APT 1C	☐ Remove
		POMPANO BEACH, FL 33064	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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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 OCTOBER 29, 2024

Signature of a member or authorized representative of a member

PRISCILLA MONTEIRO

Typed or printed name of signee

Filing Fee: $25.00