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DIVISION OF CORPORATION 22 HAY 23 AM 9: 49

T. MATTHEWS

COVER LETTER

Registration Section

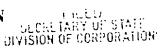
Division of Corporations

TO:

P&M Capi	tal. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mildred Bazile		
		Name of Person	
		Firm/Company	
	3255 NORTHWEST 94TH	A AVENUE, UNIT 9748	
		Address	
	CORAL SPRINGS, FL 33	065	
	premy101@gmail.com	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
PIERRE REMY		305 924-2842	
Name o	of Person		: Telephone Number
Enclosed is a check for t	he 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 Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



P&M CAPITAL, LLC

22 MAY 23 AM 9: 49

(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 03/24/2022	and assigned
Florida document number L22000145738		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a	ddress 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 addres	is.
	, Flo	orida
	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 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
AMBR	PIERRE REMY	3255 NORTHWEST 94TH AVENUE	≡ Add
		Unit 9748	□Remove
		CORAL SPRINGS, FL 33065	□Change
			□Add
			□Remove
			□Change
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(If an effective Note: 11	tive date, if other than the date of filing:
he 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
ord is file	
	$\frac{\text{ay } 14}{}$
	Madd CH
Dated M	Signature of a member or authorized representative of a member