

W72000177711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

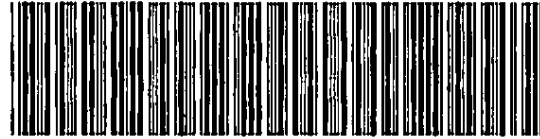
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ja

HERMANN & GOVIN

8040 PETERS ROAD, SUITE H-101
PLANTATION, FLORIDA 33324

Telephone (954) 510-9085 Facsimile (954) 514-9299
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JAMES W. GOVIN, ESQ.
ATTORNEY AT LAW
DIRECT LINE: (954) 488-2636
JGOVIN@HG-LAW.COM

May 9, 2022

Via U.S. Mail

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: PAM 1715, LLC name change and removal of manager
Document #L22000177711**

Dear Sir/Madam:

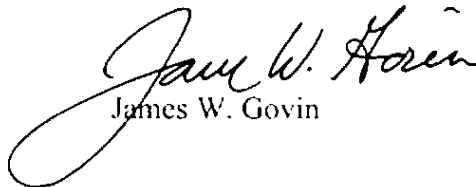
Enclosed please find the following document and fee:

1. Name Change and Removal of Manager \$25.00

TOTAL FEES: **\$25.00**

Should you have any questions regarding this matter, please do not hesitate to contact me at 954-488-2636.

Hermann & Govin


James W. Govin

cc: Enclosures/ck.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PAM 1715, 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:

James W. Govin

Name of Person

Hermann & Govin

Firm/Company

8040 Peters Road, Suite 11-101

Address

Plantation, Florida 33324

City/State and Zip Code

jgovin@hg-law.com

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

For further information concerning this matter, please call:

James W. Govin

954

488-2636

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PAM 1715, 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 04/13/2022 and assigned
Florida document number L22000177711.

This amendment is submitted to amend the following:

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

P&M Access Group, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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

ew Registered Agent's Signature, if changing Registered Agent:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Maria Goicetti	575 NE 5th Ter, Apt.557	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

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.

James W. Govin
Signature of a member

Signature of a member or authorized representative of a member

James W. Govin

Typed or printed name of signee