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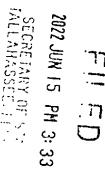
(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	J. HO	RNE
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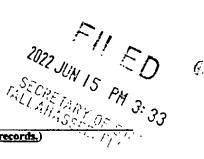
Tallahassee, FL 32314

	istration Se ision of Cor			
SUBJECT:	PMJartisans	s LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	ail correspo	ndence concerning this matter	to the following:	
		Patricia Chamblin		
			Name of Person	
		PMJartisans LLC		
			Firm/Company	
		2605 NE 23rd Ave		
			Address	
		Ocala, FL 34470		
			City/State and Zip Code	
		marycreates@hotmail.com		
		E-mail address: (to be used for future annual report no	otification)
For further in	formation co	oncerning this matter, please c	all:	
Patricia Char	mblin		352 5536233 at ()	
	Name of	Person		me Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		Street Address:	
_	sistration S	ection orporations	Registration S Division of Co	
	Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PMJartisans 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 C Florida document number L22000258370	Company were filed on 6-2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	d office address on our records.	enter the name of the new registeres
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Patricia J Chamblin	2605 NE 23rd Ave Ocala, FL 34470	🖼 Add
			□Remove
			Change
MGR	John M Jupiter	10852 SW 90th Ct Ocala, FL 34481	🖼 Add
			□Remove
		·····	[] Change
			□Add
			□Remove
		·	Change
			🗀 Add
		 	□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
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			DChange

amending an	y other informatio	n, enter change(s)) Dere: {Allach	i aaainonai shee	is, ij necessary.)	
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an effective date in the date of the date	f other than the da i listed, the date must be inserted in this block tive date on the Depa	specific and cannot be does not meet the a	upplicable statuto	ling or more than 90 ory filing requirer	(optional) days after filing.) Purnents, this date will	suant to 605.020 not be listed a
record specifies is filed.	a delayed effective da	ite, but not an effect	tive time, at 12:0) I a.m. on the ear	lier of: (b) The 904	th day after the
		2022	. 3			
June 11		7///2	7/A	/		
June 11		AC)	and A			
	Sig	nature of a member or	suthorized repres	sentative of a memb	a	

Filing Fee: \$25.00