L22000418601

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Name:	PMC Everglade, LLC
Document #:	
Order #:	14583668

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	$\left(\left(Thank you! \right) \right)$

COVER LETTER

TO:	Registration Section
	Division of Corporations

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PMC Everglade, LLC SUBJECT: ____

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:

Kevin Sheehan

Name of Person

PMC Everglade, LLC

Firm/Company

6400 N Andrews Ave, #340

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

ksheehan@pmcemail.com

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

For further information concerning this matter, please call:

 Rebecca DiStefano
 954
 768-8221

 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) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

PMC Everglade, LLC	FAMENDMENT FO ORGANIZATION OF	FILED 2022 OCT II AH 9: 17 SECHEMARY OF STATE TALLAHASSEE, FL
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	TALLAHASSEF
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000418601</u> .	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	<u>bility company here</u> :	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" of	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 agent and/or the new registered office address here:	e address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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, <u>enter the title, name, and address of each person</u> being added <u>, or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

AMDIX -	warmouwed Michinet	

Title	<u>Name</u>	Address	Type of Action
MGR	Kevin Sheehan	6400 N Andrews Ave, #340	🗆 Add
		Fort Lauderdale, FL 33309	🛙 Remove
			□Change
AMBR	Paramount Marketing Consultants, Inc.	6400 N Andrews Ave, #340	🔜 🔤 Add
		Fort Lauderdale, FL 33309	
		<u> </u>	🗆 Change
			🗆 Add
			🗆 Remove
			□Change
<u> </u>			🗆 Add
			🗆 Remove
			🗆 Add
			🗆 Remove
			□Change
<u> </u>		<u> </u>	🗆 Add
			🖾 Change

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

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edate, if other than the date of filing:	(optional)

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 11

2022

/s/ Rebecca DiStefano

Signature of a member or authorized representative of a member

Rebecca DiStefano

Typed or printed name of signee

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