

622000 447742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600399780976

2023 JUN 5 PM 12:11

2023 JUN 5 PM 12:11

12D

AS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PMY PROPERTIES 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:

Sam Ghalieh
Name of Person

PMY Properties
Firm/Company

2872 Pinecrest St.
Address

Sarasota FL 34239
City/State and Zip Code

ridewithsam@gmail.com
E-mail address: (to be used for future annual report notification)

2023 JAN-5 PM12:11
TALLAHASSEE, FL 32303

For further information concerning this matter, please call:

Paul Yoder at (941) 224-4444
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**

PMY PROPERTIES 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 10/18/2012 and assigned Florida document number L22000447742.

This amendment is submitted to amend the following:

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

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)

2872 Pinecrest St.

Sarasota, FL 34239

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2872 Pinecrest St.

Sarasota, FL 34239

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:

Sam Ghalien

New Registered Office Address:

2872 Pinecrest St.

Enter Florida street address

Sarasota

City

Florida

34239

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>	<u>Type of Action</u>
<u>MGR</u>	<u>Paul Yoder</u>	<u>1900 N. Washington Blvd</u>	<input type="checkbox"/> Add
		<u>Sarasota. FL. 34234</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AP</u>	<u>Amanda Yoder</u>	<u>1900 N. Washington Blvd</u>	<input type="checkbox"/> Add
		<u>Sarasota. FL. 34234</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Sam Ghalieh</u>	<u>2872 Pinecrest St</u>	<input checked="" type="checkbox"/> Add
		<u>Sarasota. FL. 34239</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please remove both Paul & Amanda Yoder
& add Sam Ghalieh.

2023 JAN 11 PM 12:11
S. G. HALL
FACULTY

E. Effective date, if other than the date of filing: 12/30/22 (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 December 30, 2022.

Paul Yoder
Signature of a member or authorized representative of a member

Paul Yoder
Typed or printed name of signee