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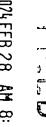
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Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corpor |  |   |   |
|---|--|---|---|
| SUBJECT: PY                                 | <u> </u>                                   | ONS LLC   | <u> </u>  |
| The enclosed Articles of Am                 | endment and fee(s) are sub                 | omitted for filing.   |   |
| Please return all corresponde               | nce concerning this matter                 | to the following:   |   |
|   | Chris                                      | Stian Mitch<br>Name of Person                                       | <u>ne11</u>   |
|   |  | Firm/Company  | vd. Ste 25 # 8:45   |
|   | 235 W.                                     | Brandon Bl  | vd. Ste so  |
|   | Brando                                     | ON, FL 335<br>City/State and Zip Code                               | 一 元 5   |
| -   | Razork<br>E-mail address: (                | TO DO CK MACK @   | outlook.com   |
| For further information conc                | erning this matter, please c               | ali:  |   |
| Christian<br>Name of Per                    | <u>Mitchell</u>                            | at (501)503-6<br>Area Code Daytime                                  | 7 2 3<br>Telephone Number   |
| Enclosed is a check for the fo              | 1  |   |   |
| □ \$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) |
| Mailing Address:                            | tion                                       | Street Address:   | ion   |

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

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

| PMP Solution (Name of the Limited Liability Comp (A Florida Limited)   | pany as it now appears on our records.) d Liability Company)       |            |
|--|--|------------|
| The Articles of Organization for this Limited Liability Company<br>Florida document number <u>L230007588</u> 4   | ny were filed on 02-10-2023 and assigned                           |            |
| This amendment is submitted to amend the following:  |  |            |
| A. If amending name, enter the new name of the limited lial  RAZOY BACK MACK L  The new name must be distinguishable and contain the words "Limited Liab | LC 2021  | <b>.</b> 1 |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)   | 235 W Brandon Bivat<br>Ste 251<br>Brandon, FL 3351                 |            |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 235 W. Brandon Blvd.<br>Ste. 251<br>Brandon, FL 33511              | -<br>-     |
| 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 name of the new registe</u> | <u>red</u> |
| Name of New Registered Agent:  |  | -          |
| New Registered Office Address:   | Enter Florida street address                                       | -          |
| <del> </del>   | Florida  |            |
| N. B   | 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> | Address                               | Type of Action             |
|---|-------------|---------------------------------------|----------------------------|
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list 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 aftercord is filed.

Dated February 9 . 2024

Signature of a member or authorized representative of a member

Christian Mitchell

Typed or printed name of signee