Page 1 of 4

Florida Department of State Division of Corporations Electronic Filling Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : API PROCESSING Account Number : I20110000069 Phone : (954)567-0013 Fax Number : (954)567-3401

STATE JRAHOHS LOGIDA

ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: kathy@apiprocessing.com

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PFM CONSTRUCTION LLC

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APPROVED AND FILED

SEP 26 2023

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H23000335424 3 Page 2o f 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	PFM CONSTRUCTI		our records.)		
\ <u>\}</u>	ited Liability Company a (A Florida Limited Liabi	lity Company)			
The Articles of Organization for this Limited I Florida document number		re filed on	05/01/2023	and ass	igned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liability	company here:			
The new name must be distinguishable and contain the	words "Limited Liability C	Company," the design	nation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if appli	eable:				
Principal office address MUST BE A STRE	ET ADDRESS) _	. .			
	_		 -		
Enter new mailing address, if applicable:	_				
Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and/or agent and/or		ress on our recor	ds, enter the na	ame of the new	v registerec
				3 SEP	
Name of New Registered Agent:				<u></u> Ω	
New Registered Office Address:	4116 FRANCES A				_ <u>#35</u> 2
		Ent e r Florida s	treet addiess		t.
	MOUNT DORA		, Florida _	32757	
	-	City	- -	Zip Coda	

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.

It Changing Registered Agent, Signature of New Registered Agent

H23000335424 3 Page 3 of 4

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

Title	Name	Address	Type of Action
MGR	SEAN P. ROACH	4116 FRANCES ANN COURT	BAdd
		MOUNT DORA, FL 32757	□ Remove
			□ Change
			
			□Remove
			🗆 Change
<u></u>			□Add
			□Remove
			□ Change
			Remove
			☐ Change
			bbAD
			□ Remove
		<u> </u>	☐ Chango
			⊡Add
			Remove
			□ Chengo

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
•	
	
(If an effective Note: If t	date, it other than the date of filing:
f the record sp scord is filed.	accifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of! (b) The 90th day after the
Dated	Sep 22, 2023
	SCAN FRANCI (Spc 22, 2373 10:04 FDF)
	Signature of a member or authorized representative of a member
	SEAN P. ROACH
	Typed or printed name of signer

Filing Fee: \$25.00