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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

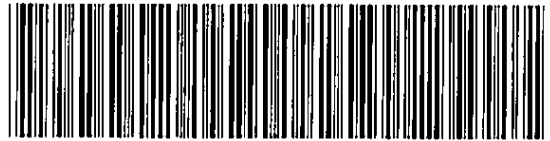
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

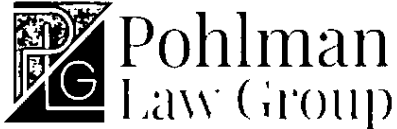
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2024 JUL 10 PM 3:02



Robert B. Baumgartner  
RBB@Pohlmanlaw.Com  
Direct: 703-218-8322

VIA: US MAIL

July 3, 2024

Registration Section  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

RE: PM Colonial, LLC – Articles of Amendment

Dear Sir or Madam,

Enclosed please find the following in reference to the above:

1. Cover Letter
2. Signed Articles of Amendment to change name from PM Colonial, LLC to **PM Colonial LLC**
3. Check in the amount of \$25.00 for the filing services

Kindly take the necessary steps to process the Articles of Amendment to change the name to PM Colonial LLC and provide us with receipt of acceptance in the enclosed self-addressed stamped envelope.

Please contact our office at [rbbbusiness@pohlmanlaw.com](mailto:rbbbusiness@pohlmanlaw.com) or 703-495-2224, if you have any questions.

Thank you,  
**POHLMAN LAW GROUP PLC**

  
Carolyn Patterson

Enclosure

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PM Colonial, 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:

Robert B. Baumgartner
Name of Person
Pohlman Law Group PLC
Firm/Company
44365 Premier Plaza #110
Address
Ashburn, Virginia 20147
City/State and Zip Code
llowe024@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert B. Baumgartner	703	495-2224
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

PM Colonial, 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 June 13, 2024 and assigned Florida document number L24000269793.

This amendment is submitted to amend the following:

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

PM Colonial LLC

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)***

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

New Registered Office Address:

*Enter Florida street address*

## Florida

Civ

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change

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**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.

Dated June 26, 2024

Andrew Lowe

Lindsay Lowe

Typed or printed name of signee