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| (Requestor's Name) | |
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| (Address) | |
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAI | L |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | |
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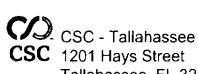
Office Use Only



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The soft STATE

7/26/24



Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 07/26/24 Order #: 1577355-1 Re: PDP MD, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

The Real Amount to be deducted from our State Account: \$25.0 - FL State Account: Number: 12000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:

| TO: Registration So Division of Cor | | | |
|--|--|---|--|
| SUBJECT: PDP MD, I | LLC | | |
| | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Abo Mahmoud, Esq. | | |
| | | Name of Person | |
| | Becker LLC | | |
| | | Firm/Company | |
| | 354 Eisenhower Parkway, | Plaza II, Suite 1500 | () |
| | <u> </u> | Address | 5 |
| | | | : |
| | Livingston, NJ | City/State and Zip Code | ان منز <u>منز منز منز منز منز منز منز منز منز منز </u> |
| | amahmoud@becker.legal | City/state and Zip Code | fication) |
| | E-mail address: (| to be used for future annual report not | fication) |
| For further information c | oncerning this matter, please c | all: | |
| Abo Mahmoud, Esq. | | at (973) 422-1100 | |
| Name o | f Person | | e Telephone Number |
| Enclosed is a check for the | ne 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 Addres Registration S | | <u>Street Address:</u> Registration Se | ction |
| Division of C | | Division of Cor | |
| P.O. Box 632 | | The Centre of T | |
| Tallahassee, I | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ny as it now appears on our records.) iability Company) | |
|--|--------------------------------------|
| were filed on June 18, 2024 | and assigned |
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| lity company here: | |
| ty Company," the designation "LLC" or the | abbreviation "L.L.C." |
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| ddress on our records, enter the na | me of the new regist |
| | |
| Enter Florida street address | |
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| , Florida | Zip Code |
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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 |
|--------------|-------------|----------------------------|----------------|
| MGR | Ben Faino | 101 WORLD DRIVE, SUITE 200 | □Add |
| | | PEACHTREE CITY, GA 30269 | ■Remove |
| | | | □Change |
| MGR | Karl Meyer | 101 WORLD DRIVE, SUITE 200 | □Add |
| | | PEACHTREE CITY, GA 30269 | ■Remove |
| | | | □Change |
| MGR | Wendy Mills | 101 WORLD DRIVE, SUITE 200 | ■Add |
| | | PEACHTREE CITY, GA 30269 | □Remove |
| | | | □ Change |
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| fective date, if other | than the date of f | iling: | | (0 | ptional) | |
| on effective date is listed, the ote: If the date inserted | in this block does n | ot meet the applic | able statutory fil | more than 90 days ing requirements, | after filing.) I this date w | ursuant to 605.020 ill not be listed a |
| ocument's effective date | on the Department | of State's records | • | | | |
| record specities a delayer is filed. | d effective date, but | not an effective t | ime, at 12:01 a.n | . on the earlier of | i: (b) The | 90th day after the |
| tulu 26 | | 2024 | | | | |
| ated July 26 | | , 2024 | • | | | |
| m · | ` | | | | | |

AMEND-15458