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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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

 Address:			

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pmhgroup LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L21000206191	mpany were filed on 05/11/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the nam	e of the new registered
		202;
Name of New Registered Agent:		APR
New Registered Office Address:		R 7
	Enter Florida street address , Florida,	PH FED LEGAL
	City	Zip Catho 🖯
New Registered Agent's Signature, if changing Registered	Agent:	29
I hereby accept the appointment as registered agent at provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and I am j ent as provided for in Chapter 605, F.S. Or,	familiar with and if this document is

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
AMBR	The Mary O. Hill Trust	7901 4TH ST N STE 300	XIAdd
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicab	date of filing or more than 90 days le statutory filing requirements	optional) after filing.) Pursuant to 605.0207 (3 , this date will not be listed as th
ne record specifies a delayed effective ord is filed.	date, but not an effective time	e, at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
Dated April 19	2022	٠.	
	Signature of a member or author	zed representative of a member	
	Signature of a member of audion.	zea representante of a memori	
Morgan Nob	le		
	Typed or printed	name of signee	

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