## L21000206191

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

PMHGroup	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Patrick M. Hill		
	<u> </u>	Name of Person	
	PMHGroup LLC		
		Firm/Company	<del></del>
	1516 SE 23rd Ave		Address  Address  at (
		Address	
	Ocala, FL 34471		
		City/State and Zip Code	<del></del>
	Pmhgroup@Yahoo.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Patrick M. Hill		352 572-0132	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy
Mailing Address Registration 9 Division of C	Section Corporations	Registration Se Division of Con	rporations
P.O. Box 632 Tallahassec.			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.  la Limited Liability Company)	<del>)</del>
The Articles of Organization for this Limited Liability Colorida document number <u>£21000206191</u>	Company were filed on 05/11/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		22
		- · · · · · · · · · · · · · · · · · · ·
<ol> <li>If amending the registered agent and/or registere gent and/or the new registered office address here:</li> </ol>		te name of the new regis
gent and/or the new registered office address nere.		
N. CN. B. Co. La		天 王
Name of New Registered Agent:		
New Registered Office Address:		85. 80
	Enter Florida street address	
	. Flor	rida
	City	гір ∪оае

## New Registered Agent's Signature, if changing Registered Agent:

PMHGroup LLC

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>	Type of Action
Member	Mary Olive Hill	1516 SE 23rd Ave. Ocala FL 34471	<b>=</b> Add
			⊡Remove
			□Change
			□Remove
			Change
			□Add
			□Change
<del></del>			□Add
			□Remove
			Change
			Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change

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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	must be specific and ear block does not me	annot be prior to o et the applicabl	late of filing or more statutory filing	e than 90 days afte	onal) r tiling.) Pursuant is date will not (	to 605.02 be listed
record specifies a delayed effect d is filed.	tive date, but not a	n effective time	, at 12:01 a.m. oi	the earlier of: (l	o) The 90th da	y after th
09/27 Dated		2023		_		
Mary	0 200		ed representative of		Sill	_
0 1 11	Signature of a inc	emner or authoriz	eu renoscinaire e	el'a mémber		

Filing Fee: \$25.00