

L-21000406206

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PLSV LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

2021 SEP 24 PM 4: 53

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2021 SEP 24 PM 12: 57  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

H21000359660

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PLSV 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:

Alexis Hoover  
Name of Person  
Williams Mullen  
Firm/Company  
200 South 10th Street, Suite 1600  
Address  
Richmond, VA 23219  
City/State and Zip Code  
ahoover@williamsmullen.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexis Hoover at ( 804 ) 420-6342  
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

H21000359660

PLSV 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 09/14/2021 and assigned Florida document number L21000406206.

This amendment is submitted to amend the following:

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

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:

5101 18th Ave E.

**(Principal office address MUST BE A STREET ADDRESS)**

Bradenton, FL 34208

Enter new mailing address, if applicable:

5101 18th Ave E.

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

Bradenton, FL 34208

**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

*City*

*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**

FILED  
2021 SEP 24 PM 12:57  
STATE  
OFFICE  
TALLAHASSEE, FLORIDA

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR - Manager  
AMBR - Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	Wayne M Zell	11718 Bowman Green Drive, Suite 100	<input type="checkbox"/> Add
		Reston, VA 20190	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Parisa Tabassian	200 South 10th Street, Suite 1600	<input checked="" type="checkbox"/> Add
		Richmond, VA 23219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 24, 2021

Parisa Tabassian  
Signature of a member or authorized representative of a member

Parisa Tabassian  
Typed or printed name of signee

2021 SEP 24 PM 12: 57  
 FILED  
 STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

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