Division of Corporations



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(((H23000418478 3)))



H230004184783ABC4

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PMG WORLDWIDE LLC
Account Number : I20220000200
Phone : (305)017-1070

Phone : (305)917-1070 Fax Number : (786)345-5905

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

Email Address: ipadilla@propertymg.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RPV PARCEL D DEVELOPER, LLC

Certificate of Status	0
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Corporate Filing Menu

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CEC 0 8 2023

K. Brumbler

TO:

Registration Section

## **COVER LETTER**

Division of Cor	porations		
RPV PAR	CEL D DEVELOPER, LLC		
SUBJECT:		ited Liability Company	
	, , , , , , , , , , , , , , , , , , ,	Dalim, Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Lowell Plotkin		
		Name of Person	. <u></u>
		F: 10	
		Firm/Company	
	398 NE 5th St, 13th Floo	or	
		Address	· · · · · · · · · · · · · · · · · · ·
	Miami, FL 33132		
		City/State and Zip Code	
	legal@propertymg.com		
	E-mail address: (	to be used for future annual report no	otification)
For further information of	oncerning this matter, please c	all:	
Isabella Padilla		305 917.1070	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Majling Addres	<b></b>	Street Address:	
Registration 5		Registration S	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RPV PARCEL D DEVELOPER, LLC	
(Name of the Limited Liability Company as it now appears on our red (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company were filed on 12/1/2023  Florida document number L23000535640	and assigned
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:	
(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, en agent and/or the new registered office address here:	ter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	した。
Enter Florida street ad	
•	Florida

## 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.

City

Zip Cod

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	BANC OF AMERICA COMMUNITY DEVELOPMENT COMP	214 N TRYON ST NC1-027-20-05	
		CHARLOTTE, NC 28255	■ Remove
			☐ Change
AMBR	BANC OF AMERICA COMMUNITY DEVELOPMENT COMPANY, LLC	214 N TRYON ST NC1-027-20-05	• Add
	CHARLOTTE, NC 28255	□Remove	
		<del></del>	□Change
<del></del>			□Add
			Remove
			□Change
			🗆 Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
		<del>.</del>	□Remove
			Change
			□Add
		<del></del>	Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
f the reco ecord is f	rd 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 led.
Dated	
	#
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee