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Certified Copies	Certificates of Status					
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COVER LETTER

TO:

Registration Section

Division of Co	rporations			
SUBJECT:	The PC	B Experts, LLC		
SUBJECT:	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	er to the following:		
		Lynn Smith Name of Person		
		TAMAGO TO GOOD		
	Firm/Company			
·	400 Overil t lellevy Drive			
	102 Quail Hollow Drive Address			
	Dono	oma City Basah El 20408		
	Falla	ama City Beach, FL 32408 City/State and Zip Code		
	C in the day on the	lynn@nwfititle.com (to be used for future annual report notification)		
For further information	e-man address: (
To future miorination	concerning this matter, prease c	can.		
Lynn Smith Name of Person		at (850) 249-6935 Area Code & Daytime Telephone Number		
Ivanie (n r cison	Area Code & Daynnie Telephone Number		
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fec	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee Certified Copy (additional copy is enclosed) S60.00 Filing Fee Certificate of State Certified Copy (additional copy (add	atus &	
Regist	MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section			
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HE PCB EX	<u>PERTS, LLC</u>	3		
(<u>Name of the Limite</u> (d Liability Compa A Florida Limited I	<u>ny as it now appe</u> Liability Company	ars on our records.)		
The Articles of Organization for this Limited Florida document numberL110000^		were filed on	February 2, 201	1 and assign	ned
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company h	ere:		
THE	PCB REALTY	EXPERTS, LI	LC		
The new name must be distinguishable and end w L.L.C."	ith the words "Limi	ited Liability Comp	pany," the designation '	'LLC" or the abb	reviation
Enter new principal offices address, if applicable:		8730 Thoma	as Drive, Unit 101	1E	
Principal office address MUST BE A STREET ADDRESS)		Panama Cit	y Beach, FL 3240	8	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			as Drive, Unit 101 y Beach, FL 3240	~~	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3. If amending the registered agent and registered agent and/or the new registered of	or registered of	fice address on e:	our records, <u>enter</u>	STATE THE TRANSPORTED THE TRANSPORT OF T	the new
Name of New Registered Agent:	<u>Patricia Smi</u>	ith			
New Registered Office Address:	8730 Thoma	as Drive, #101	1E		
	Enter Florida street address				
· 		ma City Beach	, Florida	32408	
		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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby confirm that the limited liability company has been notified in writing of this change.

It Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action MGRM Don Hofferberth 11535 Hutchinson Blvd., Ste 106 ☐ Add Panama City Beach, Fl. 32407 ✓ Remove MGR Lynn Smith 7102 Quail Hollow Drive ☐ Add Remove Panama City Beach, FL 32408. MGR Patricia Smith 8730 Thomas Drive, #1011E ✓ Add Panama City Beach, FL 32408 Remove MGR Kerry Jayne Jackson 8730 Thomas Drive, #1011E Panama City Beach, FL 32408 Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 14 2011 Dated Signature of a member of authorized representative of a member Patricia Smith

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00