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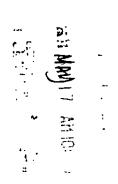
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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INIO V. JOHO

COVER LETTER

TO:		gistration Se ision of Cor			·
CUBU	177 YT.	PJILC			
SUBJ	EC. II		Name of Lim	ited Liability Company	
The er	iclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	returi	all correspo	ndence concerning this matter	to the following:	•
			C. Joseph Barnette		1.
				Name of Person	<u> </u>
			PILLC		
				Firm/Company	
			7313 International Place, S	Suite 120	
				Address	
			Sarasota, FL 34240		
			CJBarnette@yahoo.com	City/State and Zip Code	·
			• •	to be used for future annual report	notification)
For fu	rther i	nformation c	oncerning this matter, please ca	all:	
C Jose	eph B	urnette		941 907-006.	3
		Name o	f Person	at ()	stime Telephone Number
Enclos	sed is	a check for th	ne following amount:		
			□ \$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)
		Registi Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/CO Registration Se Division of Co Clifton Buildin	rporations

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



P.J. L.L.C.

(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 Compar Florida document number $\frac{\text{L}01000004744}{\text{L}01000004744}$.	ny were filed on 3/27/2001	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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 registered agent and/or the new registered office address have		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>it:</u>	

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Turner C. Moore	1034 Virginia Drive Sarasota, FL 34234	
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
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ite: If the	ate, if other than the d date is listed, the date must l date inserted in this bloc effective date on the Dep	k does not meet th	e applicable statut	iling or more than 90 cory filing requires	(optional) Days after filing.) P nents, this date wi	ursuant to 605,020 Il not be listed as
	specifies a delayed n day after the reco		but not an effe	ective time, at	12:01 a.m. or	the earlier o
 ted <u>/</u> .	May 13	Ž	019			
_	Joeya	ignature of a member	or authorized repre	esentative of a mem	ber	
		Typed Dr.				
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Filing Fee: \$25.00