6500013256

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Registration Section TO: **Division of Corporations**

(Name of Limited Liability Company) (Name of Limited Liability Company) (Current name) -> we are amending to s of Amendment and fee(s) are submitted for filing. Change this income SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CEREZA ROCKWELL (Name of Person) ROCKWELL ACCOUNTING LLC 912 W MICHIGAN AVE (Address) PENSACOLA FL 32505

For further information concerning this matter, please call:

(Name of Person) (Name of Person) Lega Portuell at (<u>850) 602-7752</u> (Area Code & Daytime Telephone Number) Enclosed is a theck for the following amount: **⊠**\$30.00 Filing Fee & □ \$25.00 Filing Fee □\$55.00 Filing Fee & □\$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: **Registration Section Registration Section** Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

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TC ARTICLES OF O		08 JUN 27 AM 11: 43	
•		SF(2==-	
OI		SECRETARY OF STATE TALLAHASSEE FLORIDA	
C3M2 PROPER	2-1	SSEE FLORIDA	
(Name of the Limited Liability Company	-11E LLO		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)	100103.7	
•	mala	alant	
The Articles of Organization for this Limited Liability Company	were filed on $\underline{-0a/0c}$	$\frac{1}{2005}$ and assigned	
Florida document number <u>L 050000132.56</u>		,	
This amendment is submitted to amend the following:			
the unenality is buomiced to unlend the renoving.			
A. If amending name, enter the new name of the limited liabi	lity company here:		
PCR CONSULTING LLC	/		
The new name must be distinguishable and end with the words "Limit	ed Liability Company," the c	lesignation "LLC" or the abbreviation	
"L.L.C."		-	
Enter new principal offices address, if applicable:			
	$-\frac{1}{x}$		
(Principal office address MUST BE A STREET ADDRESS)	N//+		
· ·			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	l mm ,		
B. If amending the registered agent and/or registered off	ice address on our reco	ords enter the name of the new	
registered agent and/or the new registered office address here		rus, <u>chect the nume of the new</u>	
	1		
Name of New Devisioned A conti	v) /v		
Name of New Registered Agent:	<u>N-/∆</u>	r	
New Registered Office Address:			
	(Enter Flor	ida street address)	
	Florida		
	(City)	. Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:			
New Registered Agent's Signature, if changing Registered Agent.			
I hereby accept the appointment as registered agent and agro	e to act in this canacity.	I further agree to comply with	
the provisions of all statutes relative to the proper and compl	ete performance of my di	uties, and I am familiar with and	
accept the obligations of my position as registered agent as p			
being filed to merely reflect a change in the registered office	,	n that the limited liability	
company has been notified in writing of this change.	$\lambda \mid \lambda$		

(If Changing Registered Agent, <u>Signature of New Registered Agent</u>)

•

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	WILLIAM H. GEIGER	912 W MICHIGAN AVE (PENSACOLA, FL 32505	Add Remove
	<u></u>		Add Remove
			Add Remove
			Add Remove
			Add Remove
<u> </u>			Add Remove

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

	-N/A	SECRETARY OF	08 JUN 27 AM	
Dated	20th day of Jure, 2008. Ceen Rochvell	-LORIDA	11:43	
	Signature of a member or authorized representative of a member CERE2A ROCKWELL MGRM Typed or printed name of signed Page 2 of 2		_	

Filing Fee: \$25.00