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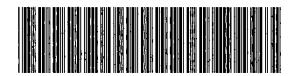
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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EXAMINER



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DIVISION OF CONTORATION

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	OTERO EL (Name of Limi	TERPRISES, LLO ted Liability Company)	1
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Den o	TERO	•
		(Name of Person)	
		(Firm/Company)	· · · · · · · · · · · · · · · · · · ·
	3209 SW P	SLBLUD, PMB 19	51
	POOT SOINT LU	City/State and Zip Code)	
For further information c	oncerning this matter, please ca	મી:	
Den OTE (Name	AO of Person)	at (<u>772</u>) <u>340</u> 6 8 (Area Code & Daytime T	elephone Number)
Englosed is a check for the	ne following amount:		
\$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OTERO Enteror	yses, Llc		
(Name of the Limited Liability Combi	any as it now appears on our records.) Liability Company)	·	
The Articles of Organization for this Limited Liability Company	y were filed on <u>04/05/2,005</u>	and assigned	
Florida document number <u>L05000032867</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
PCdeninet, LLC			
The new name must be distinguishable and end with the words "Lin 'L.L.C."	nited Liability Company," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:		9	
(Principal office address MUST BE A STREET ADDRESS)		6 5 6	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
	WICH THE RESERVE TO T	7 7	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		the name of the new	
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 608, 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 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:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If am	ending any other information, ente	r change(s) here: (Attach additional sheets, if necessary.)	
			-
			
Dated	July 07.	2008	
	Signature of a	member or authorized representative of a member	*******
	DEN	TYPERO Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00