

Division of Corporations

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LOS000042173

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : VARGAS, PIEDRA & CO.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECTIOR/M/MG RESIGN
P.C. 975, I.L.C.

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March 22, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

P.C. 975, L.L.C.
9100 S. DADELAND BLVD., STE. 912
MIAMI, FL 33156

SUBJECT: P.C. 975, L.L.C.
REF: L05000042473

*As per
your
request*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

FAX Aud. #: H18000090860
Letter Number: 218A00005749

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

P.C. 975, LLC

(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 Company were filed on 4-29-2005 and assigned Florida document number L05000042473

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

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 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

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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>	<u>Address</u>	<u>Type of Action</u>
D	TREZZA, MARIA A	9100 South Dadeland Blvd.	<input type="checkbox"/> Add
		Ste 912	<input checked="" type="checkbox"/> Remove
		Miami, Fl 33156	<input type="checkbox"/> Change
MGR	TREZZA, MARIA A.	9100 South Dadeland Blvd.	<input checked="" type="checkbox"/> Add
		Ste 912	<input type="checkbox"/> Remove
		Miami, FL 33156	<input type="checkbox"/> Change
MGR	TREZZA, FRANCA M.	9100 South Dadeland Blvd.	<input checked="" type="checkbox"/> Add
		Ste 912	<input type="checkbox"/> Remove
		Miami, Fl 33156	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

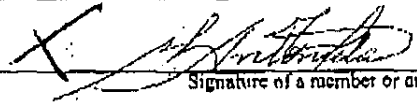
Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated MARCH 1, 2018



Signature of a member or authorized representative of a member

MARIA A. TREZZA/MANAGER

Typed or printed name of signer