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(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
,	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO;	Registration Se Division of Con	ection rp&rations [^]			
SUBJE	CT:				
		Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please 1	eturn all correspo	ondence concerning this matter	to the following:		
			MARINA HUANG		
Name of Person					
PCCO, INC					
Firm/Company					
	C/O 1680 MERIDIAN AVE, SUITE#102				
	Address				
	MIAMI BEACH, FL 33139				
	City/State and Zip Code				
marina@sbirealty.com					
		E-mail address: (to be used for future annual report notificat	ion)	
For furt	her information of	concerning this matter, please of	call:		
	Ma	arina Huang		5-1903	
	Name o	of Person	Area Code & Daytime To	elephone Number	
Enclose	ed is a check for t	he following amount:			
\$25.	00 Filing Fee	\$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)	

MAILING ADDRESS:

TO:

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

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12 SEP -7 AM II: 32

PHILLARD APARTMENT HOTEL LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 Liab	ility Company were filed on	and assigned	
Florida document number LOGCOC	160460	•	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and end with to "L.L.C."	he words "Limited Liability Company," the	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	le:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	 DX)		
D. If any and it is the market and again and an	undistance of the address on one was	ands autom the manne of the new	
B. If amending the registered agent and/or registered agent and/or the new registered offic		ords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	_, Florida Zip Code	
	Cuy	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 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> **Address Type of Action** <u>Name</u> **MGRM** PCCO, INC C/O 1680 MERIDIAN AVE, SUITE#102 7 Add MIAMI BEACH, FL 33139 Remove MGRM ALAN LIEBER C/O 1680 MERIDIAN AVE, SUITE#102 ☐ Add MIAMI BEACH, FL 33139 ☐ Add ☐ Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

MARINA HUANG

2012

SEPTEMBER 4

Dated_

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00