## 106000071332

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## COVER LETTER

TO: Registration Sc Division of Cor									
PCS Holdin	ngs, LLC								
Name of Limited Liability Company									
	Amendment and fee(s) are sub-								
	Joseph E. Sengle								
		Name of Person							
	PCS Holdings, LLC								
		Firm Company							
	924 W Colonial Di								
		Address							
	Orlando, FL 32804								
	joe@ closemytimeshare.com	City State and Zip Code							
		o be used for future annual report notifi	cation)						
For further information c	oncerning this matter, please ca	ill.							
Joseph E Seagle  Name of Person		407 770-0100 ext 102 at ( ) Daytime Telephone Number							
Enclosed is a check for the	ic following amount:								
■ \$25,00 Filmg Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing hee, Certificate of Status & Certified Copy (additional copy is enclosed)						

## MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Ff. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PCS Holdings, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida I imited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{7/18/2006}{1}$ \_ and assigned Florida document number  $\frac{1.06000071332}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 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: New Registered Office Address: Enter Florida street address City

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

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>	Address	Type of Action
VP	Crystal R. O'Berry	924 W Colonial Dr	
		Orlando, FL 32804	Remove
			☐ Change
VP / Sec	Philip W. Richardson	924 W Colonial Dr	<b>=</b> Add
		Orlando, FL 32804	
			Change
	~		Add
			□ Remove
			□ Change
		<del></del>	
			□ Remove
			Change
			Add
			□ Remove
			Change
	<del></del>		
			☐ Remove
			☐ Change

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ctive date, if other than the date of fi effective date is listed, the date must be specific e: If the date inserted in this block does n iment's effective date on the Department	of meet the applicab	date of filing or more tha le statutory filing requ	(optional) n 90 days after filing.) F irements, this date w	Pursuant to 605 ill not be liste
record specifies a delayed effectivne 90th day after the record is file		an effective time,	at 12:01 a.m. or	n the earlie
ed July 5	2017	TH		
	THE WAR	4		
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