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## **COVER LETTER**

TO:	Registration Se Division of Cor			
01:331	PC LEADE	R LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	sclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Patrick Pauchet		
			Name of Person	
		PC Leader LLC		
		•	Firm/Company	
		8626 NW 58TH CT		
			Address	
		PARKLAND, FL 33067		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For Iu	rther information co	oncerning this matter, please co	all:	
Patricl	k Pauchet		305 206-6851 at ()	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>√</b> \$2	5.00 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:

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

PC LEADER		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L07000048564	were filed on 05/08/2007	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	100 PLAZA REAL S	
(Principal office address MUST BE A STREET ADDRESS)	SUITE K&L	
	BOCA RATON, FL 33432	SEI SEI
Enter new mailing address, if applicable:		FILE ON OF CO IAY 29
(Mailing address MAY BE A POST OFFICE BOX)		OF STATE
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		<b>vo</b> 😤
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street uddress	
	Plosida	
	City	Zip Code
registered agent and/or the new registered office address her  Name of New Registered Agent:	Enter Florida street address  City	

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = N AMBR = A	1anager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			☐ Change
			□ Remove
			□ Change
			Add
			☐ Remove
			Remove
			☐ Change
			☐ Remove
			Change
			Add
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ective date, if other than t	he date of filing:nust be prior to date of filing or r	(optional)
te: If the date inserted in this	block does not meet the applicable statutory filir Department of State's records.	ng requirements, this date will not be listed
record specifies a delay The 90th day after the r	ed effective date, but not an effective ecord is filed.	time, at 12:01 a.m. on the earlier
05/25 ted		
	Patrick Pauchet Signature of a member or authorized representativ	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00