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(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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EXAMINER	

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12 JAN 23 PH 12: 87 Secretary of State

COVER LETTER

TO: Registration Division of C	Section Corporations	1	or (
SUBJECT:	PBC Ft. Myers, LLC Name of Limited Liability Company		
The enclosed Articles	of Amendment and fee(s) are submitted for filing.		
Please return all corre	spondence concerning this matter to the following:		
	Diana Buchman Name of Person		
	PBC Ft. Myers Firm/Company		
	Firm/Company		
	7710 Dam #4 Road		
	7710 Dam #4 Road Address		
	Williamsport, MD 21795 City/State and Zip Code		
	diana@Potomacheads.com E-mail address: (to be used for future annual report notification	on)	
For further information	on concerning this matter, please call:		
Nath	an Buchman at (301) 573-3616 ne of Person Area Code & Daytime Tel	b	
Nan	ne of Person Area Code & Daytime Tel	ephone Number	
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is	

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

(Name of the Limited) (A	Liability Company Florida Limited Lia	y as it now appea ability Company)	rs on our reco	rds.)	
The Articles of Organization for this Limited Lia Florida document number L 0700080	_	vere filed on	August 7	1,2007	and assigned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabil	ity company he	<u>re</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Comp	any," the design	nation "LLC"	or the abbreviation
Enter new principal offices address, if applica	ble:	2252	First S	treet	
(Principal office address MUST BE A STREET	<u> "ADDRESS)</u>	Fort A	yers, F	L 3390	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	7710 Willian	Dam #4 R 15port, mi	ld 5 21795	
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address:	<u>lce address here</u> :	J. St Flightli	Un ner Ne Ct. eter Florida str	AHASSEE, FLOREDA	122 name of the new 23 name 24 name 25 name 26 name 27 name 27 name 27 name 28

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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Drana L Medina	1546 Del Rio Dr. Et. Myers, FL 33901	Add X Remove
MbRM	Nathan Buchman	491 E King St. Chambersburg, PA 17201	Add Remove
m6R m	Diana Buchman	7710 Dam 4 Road williamsport, MD 21795	Add Remove
MBRM	Randy Buchman	7710 Dam 4 Road Williamsport, MD 21795	X Add Remove
MGRM	Allre Buchman	491 E. King St. Chambersburg, PA 17201	NAdd Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	indoor.
			-
Dated	-18-12/January 18, 20	12 .	
	2 Comment	or authorized representative of a member	
	Nathan Buchm	a∧ or printed name of signee	
	- 71		

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Filing Fee: \$25.00