

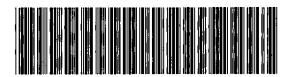
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EXAMINER



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COVER LETTER

TO:	Registration S Division of Co							
: SHRI	· БСТ•	Philip M	lortensen, LLC					
5012	Name of Limited Liability Company							
		f Amendment and fee(s) are sub condence concerning this matter	-					
1 icasc	recuin an corresp	ondesice concerning this matter	to the ronowing.					
			Philip Mortensen					
,			Name of Person					
Pidco, LLC								
	Firm/Company							
	P.O. Box 351586							
Address								
	Palm Coast, FL 32135							
			City/State and Zip Code	· · · ·				
		E-mail address: (idco101@gmail.com to be used for future annual report	notification)				
For fu	rther information	concerning this matter, please o	all:					
	Phi	ilip Mortensen	at (386)	627-47	38			
Name of Person			aytime Telephon					
Enclos	sed is a check for t	the following amount:						
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed)	50.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	MAII	LING ADDRESS:	STREET/CO	OURIER ADDI	RESS:			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F	Philip Morte	nsen, LLC				
(Name of the Limited) (A	<mark>Liability Compa</mark> Florida Limited L	ny as it now appear iability Company)	rs on our records.)			
The Articles of Organization for this Limited Lia	were filed on	03/12/2008	and assigned			
Florida document numberL08000026	056					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :			
	Pidco, I	LLC				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Comp	any," the designation "I	LC" or the abbreviati		
Enter new principal offices address, if applica	ble:	N/A				
(Principal office address MUST BE A STREET	ADDRESS)			57		
				72		
				R T		
Enter new mailing address, if applicable:		N/A		6		
(Mailing address MAY BE A POST OFFICE E	ox)			⁶ е № гл		
				20 -		
			<u>, , , , , , , , , , , , , , , , , , , </u>	5 5		
B. If amending the registered agent and/o registered agent and/or the new registered off			our records, <u>enter t</u>	he name of the ne		
Name of New Registered Agent:	N/A		18 18 a			
New Registered Office Address:						
		Enter Florida street address				
			, Florida			
		City		Zip Code		
New Registered Agent's Signature, if changing Re	egistered 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> **Name Address Type of Action** N/A N/A N/A ☐ Add ☐ Remove Add 🗌 Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A April 04 2012 Dated Signature of a member or authorized representative of a member Philip Mortensen Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00