

L08000036757

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2009 APR 14 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

APR 15 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pcolo Holdings of Tallahassee, LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

christopher chavez  
(Name of Person)  
Pcolo Holdings of Tallahassee, LLC  
(Firm/Company)  
4105 Poe Place  
(Address)  
Tallahassee, FL. 32311  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Chavez at (850) 264-8686  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

2009 APR 14 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pcola Holdings of Tallahassee, L.L.C.  
(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 Liability Company were filed on 04/11/2008 and assigned  
Florida document number L08000036757.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

christopher chavez  
4105 Poe Place  
Tallahassee, FL 32311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

christopher chavez  
4105 Poe Place  
Tallahassee, FL 32311

**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:

christopher chavez

4105 Poe Place

(Enter Florida street address)

Tallahassee

(City)

Florida

32311

(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.

X [Signature]  
(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

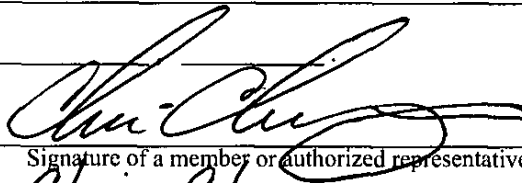
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>        | <u>Address</u>  | <u>Type of Action</u>                   |
|--------------|--------------------|-----------------|---|
| MGRM         | Christopher Chavez | 4105 Pox Place  | <input checked="" type="checkbox"/> Add |
|              |                    | Toll. FL. 32311 | <input type="checkbox"/> Remove         |
| MGRM         | Jason Nort         | P.O. Box 706    | <input checked="" type="checkbox"/> Add |
|              |                    | Toll. FL. 32302 | <input type="checkbox"/> Remove         |
|              |                    |                 | <input type="checkbox"/> Add            |
|              |                    |                 | <input type="checkbox"/> Remove         |
|              |                    |                 | <input type="checkbox"/> Add            |
|              |                    |                 | <input type="checkbox"/> Remove         |
|              |                    |                 | <input type="checkbox"/> Add            |
|              |                    |                 | <input type="checkbox"/> Remove         |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated \_\_\_\_\_

x



Signature of a member or authorized representative of a member

x

Chris Chavez

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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