## 108000096991

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SECRETARY OF STATE
TALLAHASSEE, FLORID

D. BRUCE

APR 27 2009

**EXAMINER** 

## **COVER LETTER**

TO: 'Registration Sec Division of Corp				
SUBJECT: Picc Ce		ited Liability Company)		ı
	(Mane of Zim	company)		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Tamara Hepp			
		(Name of Person)	····	
	Picc Central, LLC			
		(Firm/Company)		
	PO BOX 951565			
		(Address)	F <sub>ν</sub> o	
	Lake Mary, FL 32795		ECR CLA	•
		(City/State and Zip Code)	HAS	
For further information co	ncerning this matter, please ca	all:	4 PH	
Tamara Hepp		at ( 321 ) 231-9576	STAT	<b></b>
(Name of	Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for the	e following amount:			
<b>☑</b> \$25.00 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)	ı

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

Picc Central, LLC				
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now apprinted Liability Compan	oears on our records.) y)		
The Articles of Organization for this Limited Liability Co	ompany were filed on _	10/14/2008	and assign	ned
Florida document number L08000096991				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limi</u>	ted liability company	<u>here</u> :		
The new name must be distinguishable and end with the won	ds "Limited Liability Cor	mpany," the designation "	LLC" or the abb	reviatior
L.L.C."	•		OSE ALL	
Enter new principal offices address, if applicable:	1561 Hilltop	Rd	<u>≥2.5</u>	
(Principal office address MUST BE A STREET ADDR	ESS) Casselberry,	, FL 32707	TARY ASSE	Ē
Enter new mailing address, if applicable:	PO BOX 95	1565	PM 2: 0 OF STATE. E. FLOR	0
Mailing address MAY BE A POST OFFICE BOX)	Lake Mary F	L 32795	<u>Dr.</u> 9	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		n our records, <u>enter</u>	the name of t	the new
Name of New Registered Agent: Tamar	а L Нерр			
New Registered Office Address: 1561	Hilltop rd			
		(Enter Florida street ad	ldress)	_
Casse	lberry	, Florida <u>3</u> 2	2707	
	(City)		(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.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Sherry L. Johnson	119 Woodland Dr East Sanford, Fl 32773	Add Remove
MGR	Sabrina Perciavalle	128 Ludlow Dr Longwood, Fl 32779	Add Remove
			Add Remove
**************************************			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necesso	ary.)
		·.	OS AP
		· · · · · · · · · · · · · · · · · · ·	SEE PRINTERS
Dated April 22	Sun ara t.	Hyp	STATE OS 
	Signature of a member	or authorized representative of a member	
-	Tamara Hepp Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00