

L09000044456

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2009 JUL 28 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 29 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

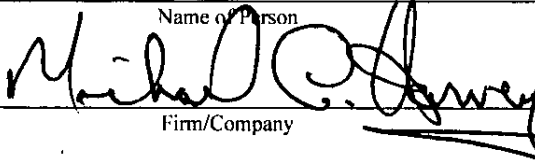
SUBJECT: PC Pros To Go, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Michael L. Harvey, P.A.

Name of Person



Firm/Company

1122 Third Street, Suite 3

Address

Neptune Beach, Florida 32266

City/State and Zip Code

mikeharveypa@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael L. Harvey

Name of Person

at (904)

242-8715

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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)

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 JUL 28 AM 11:15

PC Pros To Go, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/06/2009 and assigned
Florida document number L09000044456.

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:

210 Poinsettia Street

(Principal office address MUST BE A STREET ADDRESS)

Atlantic Beach, Florida 32233

Enter new mailing address, if applicable:

210 Poinsettia Street

(Mailing address MAY BE A POST OFFICE BOX)

Atlantic Beach, Florida 32233

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:

Shawn Phillip McKimm

New Registered Office Address:

210 Poinsettia Street

Enter Florida street address

Atlantic Beach, Florida 32233

Florida

32233

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

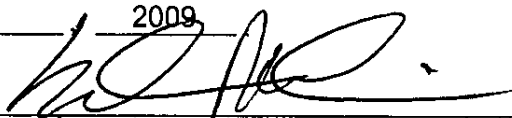
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert B. McKimm, Jr	1648 Dover Hill Drive Jacksonville, Florida 32225	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Shawn Phillip McKimm	210 Poinsettia Street Atlantic Beach, Florida 32233	<input checked="" type="checkbox"/> Add <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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated July 10, 2009



Signature of a member or authorized representative of a member

Shawn Phillip McKimm

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUL 28 AM 11:15

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