40000053978

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	; #)
PiCK-UP	☐ WAIT	MAIL .
(Bus	siness Entity Nam	ne)
(Do	cument Number)	•
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
		. :

Office Use Only



200181177522

N5/24/10--01014--019 **25.00



D. BRUCE

MAY 26 2010

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo						
i crm-		PC ME	DIATORS LLC				
SUBJ	ECT:		ited Liability Company	**************************************			
The en	nclosed Articles of A	mendment and fee(s) are sul	bmitted for filing.				
Please	e return all correspond	dence concerning this matter	to the following:				
			Nita L Drumm				
			Name of Policin				
		F	PC MEDIATORS LLC	<u> </u>			
			Firm/Company				
			161 SW 52ND ST		1944		
			Address		1. A.	10	
		CA	APE CORAL, FL 3391	4		10 MAY	, T
			City/State and Zip Code	······································	53	24	
		E-mail address: (cmediators@live.com to be used for future annual repo	ort notification)	m _G	A	
For fu	uther information con	cerning this matter, please of	_	,	Z ORBI	ම ආ :ග	
_	Nita	L Drumm	at (239)	471-2520	I»		
	Name of F	erson		Daytime Telephone Number	<u> </u>		
Enclo	sed is a check for the	following amount:					
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	te of Statu		sed)
	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 see, FL 32314	Registration Division of Clifton Buil	Corporations			

ETCHEROLOGICA CONTRACTOR

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PC MED	NATORS LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appea ted Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp Florida document numberL1000053978	pany were filed on	5/18/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			7 7 7
(Principal office address MUST BE A STREET ADDRES.	<u> </u>		
		<u></u>	2 N
		ָּדְי ני	
Enter new mailing address, if applicable:			(cc) Chaire
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:		our records, <u>enter tl</u>	ne name of the new
New Registered Office Address:			
	Er	nter Florida street addr	ess
		, Florida	
	City		Zip Code
	City		•

If Changing Registered Agent, Signature of New Registered Agent

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 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			
MGR	Nita L Drumm	161 SW 52ND ST CAPE CORAL, FL 33914	Add Remove			
	**************************************		Add Remove			
	**************************************		Add Remove			
			Add Remove			
			Add Remove			
****			Add Remove			
D. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	-			
		1335 S. C.				
Dated	May 19 , 2010		8. D			
Signature of a meleber or authorized representative of a member Nita L Drumm Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00